



Evaluation of the 2010 Rule 10 and Rule H-2009-03 Managed Care Organization Data Filings

**Prepared for the
Division of Health Care Administration by
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Introduction

The purpose of this report is to identify performance levels and trends and to suggest areas that may be appropriate subjects for quality improvement initiatives.

This report marks a transition year as Vermont's new managed care regulation, Rule H-2009-03 ("Rule 9-03"), replaces the former regulation (Rule 10) near the end of 2009 (the measurement year for this report. For the purposes of this report, Rule 9-03 requirements are only used to evaluate grievance filings. All of the other reported measures are assessed using reporting requirements from Rule 10. These measures are drawn from the Healthcare Effectiveness Data and Information Set (HEDIS[®]), including the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) survey, and from a Department-defined set of Rule 10-specific measures.

As in the past seven years, the body of the report includes only measures with results of special note, either because they represent important opportunities for improvement or because they indicate noteworthy superior performance. The report appendix includes additional data. This year's report continues to use symbols to quickly and clearly convey each plan's performance with respect to specific measures.

To present the data in a useful context, statistical tests are used to compare Vermont MCOs' HEDIS[®] performance against two different benchmark averages based on the type of MCO. Experience for MCOs that are not PPOs is compared against NCQA's "All Lines of Business minus PPO" National and New England Regional averages. Throughout the report, we refer to these averages as "MCO (w/o PPO)" averages. The PPO experience is compared against the "PPO-only" National and New England Regional averages, which we refer to as "PPO" averages. The National Committee for Quality Assurance (NCQA) calculated all averages. Although not every MCO in the United States submits data to NCQA, national and regional averages provide reasonable and generally accepted points of comparison. The statistical analysis includes statistical significance testing for measures under consideration for inclusion in the Department's on-line publication entitled "Vermont Managed Health Care Plans: A Guide for Consumers 2010" ("Consumer Guide"), plus a few other measures not included in the Consumer Guide. Longitudinal analyses and related significance tests are also presented for a subset of measures. No statistical tests are presented with the Rule 9-03-specific data. Instead, whenever possible, Department-defined standards for satisfactory performance are used as the target achievement level for MCOs to meet.

The following sections provide a more detailed description of the analytic methodology used in this report and provide a summary of findings.

Managed Care Organizations and Completeness of Filings

Managed Care Organizations

The following managed care organizations subject to Rule 10/ Rule 9-03 oversight were required to submit a data filing in July 2010 that represented MCO clinical performance during 2009 and member experience as measured in 2010:

- Blue Cross Blue Shield of Vermont – Vermont Health Partnership (BCBS)
- CIGNA HealthCare Network/Network POS (CIGNA)
- CIGNA HealthCare PPO (CIGNA PPO)
- CIGNA Behavioral Health (CBH)
- Magellan Behavioral Health (MBH)
- MVP Health Plan (MVP)
- MVP Health Plan – PPO (MVP PPO)
- PrimariLink (PrimariLink)
- The Vermont Health Plan (TVHP)
- Blue Cross Blue Shield of Vermont – The Vermont Freedom Plan PPO (BCBS PPO)

CBH, MBH and PrimariLink, all of which are managed behavioral health organizations, and are only required to submit a subset of measures. For the third consecutive year, CIGNA HealthCare submitted HEDIS® and CAHPS® data for both its HMO-type products and its PPO products. For the first time Blue Cross Blue Shield of Vermont submitted data for its PPO BCBS PPO), and MVP submitted PPO data for its PPO plan.

Because HEDIS® and CAHPS® reporting on PPO experience is relatively new and the rates for these plans tend to be lower than those for the other lines of business, we compare PPOs only to each other and not to HMO, HMO/POS and POS plans. Throughout this report the term “MCO (w/o PPO)” is used to refer to all managed care plans, except PPOs. The CIGNA PPO, MVP PPO and BCBS PPO are referred to as “PPOs”. When referring to all plans, the term “MCO” is used.

In general, the measures required under Rule 10/Rule 9-03 can be categorized within three groupings: HEDIS® clinical measures, member satisfaction and experience measures, and Rule 10/Rule 9-03 specific measures. Within these categories, the measures have been grouped. On occasion, data from one source are presented with data from another source in order to display all data related to a key service category. The data included in this report are organized and presented as follows:

HEDIS® clinical measures

- Preventive care
- Appropriate treatment of acute and chronic illnesses
- Caring for people needing mental health and substance abuse treatment, including a Rule 10-specific measure of rates of unplanned mental health and chemical dependence readmissions within 30 days of inpatient discharge
- Selected utilization rates

Member satisfaction measures

- CAHPS® and HEDIS® measures relating to member service aspects of MCO operations
- Act 129 Mental Health and Substance Abuse Experience of Care Survey results

Rule 10/Rule 9-03-specific measures

- Geographic access and appointment waiting times
- Timeliness of making utilization review decisions
- Grievances and appeals
- Physician satisfaction
- Providers – terminated and current

Completeness of Filings and Data Collection Issues

Rule 10/Rule 9-03 require that each MCO submit a significant quantity of data. In general, the Department requires each MCO to submit data responsive to each reporting requirement. However, CBH and MBH, which exclusively provide mental health and substance abuse services, are exempt from submitting a large number of HEDIS® measures related to other health care. PrimariLink is required to report only on utilization review decisions and the grievance and appeals resolution processes, because of the limited breadth of its responsibilities.

All MCOs are also required to submit grievance logs, and all did so.

In reviewing the MCO submissions, we noted the following deficiencies:

- BCBS, TVHP, and BCBS PPO did not submit call answer timeliness or abandonment data. Two years ago an independent auditor identified methodological problems in how BCBS and TVHP were collecting the data and calculating the abandonment rate. In the fall of 2008 BCBS reportedly installed a new phone system that is capable of collecting these data using HEDIS specifications. However, for the third year in a row BCBS has been unable to report these measures for its MCOs due to inadequacies in its reporting systems.
- CIGNA PPO, on the recommendation of its auditors, elected not to report on the following measures:

- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C <100¹
- Comprehensive Diabetes Care²
- Relative Resource Use for People With Diabetes³
- Relative Resource Use for People With Asthma⁴
- Relative Resource Use for People With Acute Low Back Pain⁵
- Relative Resource Use for People With Cardiovascular Conditions⁶
- Relative Resource Use for People With Uncomplicated Hypertension⁷
- Relative Resource Use for People With COPD⁸

¹ This measure was not reported due to material bias.

² CIGNA PPO did not report data for the following measures due to material bias: HbA1c <7%, LDL-C Level <100, Blood Pressure Control <130/80, Blood Pressure Control <140/90, HbA1c Poor Control Rate, HbA1c <8%.

³ This measure was not reported due to material bias.

⁴ This measure was not reported due to material bias.

⁵ This measure was not reported due to material bias.

⁶ This measure was not reported due to material bias.

⁷ This measure was not reported due to material bias.

⁸ This measure was not reported due to material bias.

Recommendations for MCO Improvement Activity

This section of the report discusses quality improvement recommendations for managed care organizations. There are two criteria that are used to identify improvement opportunities for HEDIS[®] and CAHPS[®] measures: 1) the MCO's rate is statistically and practically significantly⁹ worse than the better of the national or regional average, or 2) both the MCO's rate and the better of the national or regional average are below 50%. The criteria used to evaluate Rule 10-specific measures are the performance levels included in the Rule 10 Implementation Manual, when available. For most Rule 10/Rule 9-03-specific measures, MCOs are expected to meet a 90% achievement level.

Within each measure-specific table in the report, opportunities for improvement identified using the criteria described above are designated with a "stop sign"-shaped symbol. These opportunities are compiled and summarized below, identifying those that are shared by all MCOs and those that are specific to each MCO.

Improvement Opportunities for All MCOs

Improve performance levels to at least 50% for the following measures:

- Adult BMI Assessment
- Chlamydia Screening in Women Ages 16 – 20
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Use of Spirometry Testing in the Assessment of and Diagnosis of COPD
- Comprehensive Diabetes Care: Blood Pressure Control <130/80
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment
- Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase

Improve performance levels to at or above the regional average for the following measures:

- Adolescent Well-Care Visits

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures

- Percentage of Members Having No Problems with Delays while Awaiting Approval for Mental Health Services
- Percentage of Members Seeking Urgent Care Who Were Able to Obtain Mental Health Counseling Within 24 Hours

⁹ Practical significance is defined as the MCO's performance varying by at least 4 percentage points from the benchmark average. The practical significance test is designed to identify differences that a reader would find important, by eliminating statistically significant differences that might be so small that the reader would find them immaterial.

- Percentage of Members Having No Problem in Obtaining Help from Customer Service

Improvement opportunities that might require addressing provider scarcity issues

- Percentage of Members with Access to Intermediate Mental Health Providers in Addison, Bennington, Caledonia, Essex, and Lamoille Counties
- Percentage of Members with Access to Intermediate Chemical Dependency Providers in Addison, Essex and Lamoille Counties
- Percentage of Members with Access to Psychiatrists in Essex County
- Percentage of Members with Access to Inpatient Mental Health Facilities in Essex, Orleans and Caledonia Counties
- Percentage of Members with Access to Inpatient Chemical Dependency Facilities in Essex, Orleans and Caledonia Counties

Improvement Opportunities for BCBS

Improve performance levels to at or above the regional average for the following measures:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile¹⁰
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition¹¹
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity¹²
- Chlamydia Screening in Women Ages 20-24
- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3
- Comprehensive Diabetes Care: Poor HbA1c Control <9%
- Comprehensive Diabetes Care: Good HbA1c Control <8%
- Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)
- Annual Monitoring for Patients on Persistent Medications: Anticonvulsants
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening

¹⁰ Consider using the hybrid data collection methodology for this measure.

¹¹ Consider using the hybrid data collection methodology for this measure.

¹² Consider using the hybrid data collection methodology for this measure.

- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100

Improve performance levels to at least the 90% Rule 10 standard for the following measures:

- Percentage of Members with Access to Intermediate Mental Health Providers
- Percentage of Members with Access to Urgent Care, Non-Emergency Care and Preventive Care
- Percentage of Expedited Reviews Meeting Decision Making Timeframes
- Percentage of Level I Physical Health Urgent Grievances Meeting Decisions Making Timeframes
- Percentage of Level I Pharmacy Pre-Service Non-Urgent Grievances Meeting Decisions Making Timeframes
- Percentage of Level II Physical Health Urgent Grievances Meeting Decision Making Timeframes
- Percentage of Level II Physical Health Non-Urgent Grievances Meeting Decision Making Timeframes

Eliminate reporting deficiencies:

- Call Answering
- Call Abandonment

Improvement Opportunities for CIGNA

Improve performance levels to at or above the regional average for the following measures:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity: ages 3 – 11 and Total
- Childhood Immunization Status: Combo 2
- Rating of Overall Health Plan Experience
- Call Answering
- Getting to See a Specialist You Needed to See
- Able to Find Out How Much to Pay for Prescription Medications

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Expedited Reviews Meeting Decision Making Timeframes

Improvement Opportunities for CIGNA PPO

Improve performance levels to at or above the regional average for the following measures:

- Colorectal Cancer Screening
- Well-Child Visits 3-6 Years of Age
- Rating of Overall Health Plan Experience

Improve performance level to at least 50% for the following measure:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile¹³
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition¹⁴
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity¹⁵

Eliminate reporting deficiencies:

- Cholesterol Management for Patients With Cardiovascular Conditions
- Comprehensive Diabetes Care
- Relative Resource Use for People With Diabetes
- Relative Resource Use for People With Asthma
- Relative Resource Use for People With Acute Low Back Pain
- Relative Resource Use for People With Cardiovascular Conditions
- Relative Resource Use for People With Uncomplicated Hypertension
- Relative Resource Use for People With COPD

¹³ Consider using the hybrid data collection methodology for this measure.

¹⁴ Consider using the hybrid data collection methodology for this measure.

¹⁵ Consider using the hybrid data collection methodology for this measure.

Improvement Opportunities for CBH

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Members with Access to Urgent Care

Improvement Opportunities for MBH

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Members with Access to Intermediate Mental Health Providers

Improvement Opportunities for MVP

Improve performance levels to at or above the regional average for the following measures:

- Colorectal Cancer Screening
- Chlamydia Screening in Women Ages 20 - 24
- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3
- Well-Child Visits 3-6 Years of Age
- Diabetic Eye Exam
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening
- Rating of Overall Health Plan Experience
- Call Answering
- Call Abandonment

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Members with Access to Non-Emergency Care

Improvement Opportunities for MVP PPO

Improve performance levels to at or above the regional average for the following measures:

- Chlamydia Screening in Women Ages 20 – 24
- Well-Child Visits 3-6 Years of Age
- Diabetic Eye Exam
- LDL-C Screening

- Monitoring for Diabetic Nephropathy
- Rating of Overall Health Plan Experience
- Call Answering
- Call Abandonment
- How often did the written materials or the Internet provide the information you needed about how your health plan works?
- Easy to Get the Care, Tests or Treatment You Needed

Improve performance level to at least 50% for the following measures:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile¹⁶
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition¹⁷
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity¹⁸

Eliminate reporting deficiencies:

- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3

¹⁶ Consider using the hybrid data collection methodology for this measure.

¹⁷ Consider using the hybrid data collection methodology for this measure.

¹⁸ Consider using the hybrid data collection methodology for this measure.

Improvement Opportunities for TVHP

Improve performance levels to at or above the regional average for the following measures:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile¹⁹
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition²⁰
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity²¹
- Chlamydia Screening in Women Ages 20 – 24
- Flu Shot For Adults 50-64
- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3
- Well-Child Visits 3-6 Years of Age
- Comprehensive Diabetes Care: Poor HbA1c Control >9%
- Comprehensive Diabetes Care: Good HbA1c Control <8%
- Comprehensive Diabetes Care: Diabetic Eye Exam
- Comprehensive Diabetes Care: LDL-C Screening
- Comprehensive Diabetes Care: LDL-C Level <100
- Comprehensive Diabetes Care: Blood Pressure Control <140/90
- Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)
- Annual Monitoring for Patients on Persistent Medications: Anticonvulsants
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Rating of Overall Health Plan Experience
- How often did the written materials or the Internet provide the information you needed about how your health plan works?
- How Often Did You and a Doctor Talk about Prevention?
- Able to Find Out How Much to Pay for a Health Care Service or Equipment?

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Members with Access to Intermediate Mental Health Providers

¹⁹ Consider using the hybrid data collection methodology for this measure.

²⁰ Consider using the hybrid data collection methodology for this measure.

²¹ Consider using the hybrid data collection methodology for this measure.

- Percentage of Expedited Reviews Meeting Decision Making Timeframes
- Percentage of Level I Pharmacy Pre-Service Urgent Grievance Meeting Decision Making Timeframes
- Percentage of Level II Physical Health Urgent Grievances Meeting Decision Making Timeframes

Eliminate reporting deficiencies:

- Call Answering
- Call Abandonment

Improvement Opportunities for BCBS PPO

Improve performance levels to at or above the regional average for the following measures:

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 20-24
- Well-Child Visits 3-6 Years of Age
- Appropriate Testing of Children with Pharyngitis
- Comprehensive Diabetes Care: LDL-C Level <100
- Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Rating of Overall Health Plan Experience

Improve performance level to at least 50% for the following measure:

- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile²²
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition²³
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity²⁴

²² Consider using the hybrid data collection methodology for this measure.

²³ Consider using the hybrid data collection methodology for this measure.

²⁴ Consider using the hybrid data collection methodology for this measure.

Improve performance levels to at least the 90% Rule 10/Rule 9-03 standard for the following measures:

- Percentage of Members with Access to Intermediate Mental Health Providers
- Percentage of Members with Access to Intermediate Chemical Dependency Providers
- Percentage of Expedited Reviews Meeting Decision Making Timeframes

Eliminate reporting deficiencies:

- Call Answering
- Call Abandonment

Analysis of Managed Care Organization Filings

The analysis that follows reviews the data submitted by the MCOs, including HEDIS[®], CAHPS[®], the Mental Health and Substance Abuse Experience of Care Survey and Rule 10/Rule 9-03-specific data.

The Mental Health and Substance Abuse Experience of Care Survey is a Vermont-specific requirement that uses some Experience of Care and Health Outcomes (ECHO[®]) survey questions and is administered only to members who have received mental health and/or substance abuse services. As such, it provides a gauge as to how well members' mental health and substance abuse needs are being met.

Rule 10/Rule 9-03-specific measures were developed by the Department with cooperation from the MCOs for Rule 10, and are not found in an independent measurement set such as HEDIS[®].

The HEDIS[®] and CAHPS[®] data were subject to two different types of statistical analyses: point-in-time analysis and trend analysis, both of which are described below. The Rule 10/Rule 9-03-specific data are analyzed with respect to Department-required performance levels, but are not subject to any statistical tests.

Point-in-time Analysis

For the point-in-time analysis, the MCO data for the current reporting year are compared to the applicable regional and national HEDIS[®] and CAHPS[®] rates, as reported by NCQA. This year MCO (without PPO) experience is compared to the "All Lines of Business minus PPO" National and New England Regional averages. The PPO experience is compared to the "PPO-only" National and New England Regional averages. The statistical analysis includes all measures that being considered for inclusion in the 2010 Consumer Guide. Within the report, performance differences that reach statistical significance are referred to as "significantly different" from the national or regional average.

There are eight HEDIS[®] measures that have not been included in this report for point-in-time (and trend) analysis. Four measures listed below are excluded because none of the MCOs reported a sufficient number of cases to calculate meaningful rates:

- Persistence of Beta-blocker Treatment After a Heart Attack;
- Follow-up Care for Children Prescribed ADHD Medication, Continuation Phase;
- Pharmacotherapy Management of COPD Exacerbation – Dispensed a Systemic Corticosteroid Within 14 Days of the Event, and
- Pharmacotherapy Management of COPD Exacerbation – Dispensed a Bronchodilator Within 30 days of the Event.

There are also first-year measures that are not included in this report, as NCQA does not publish averages for first-year measures. These first-year measures are:

- Childhood Immunization Status – Combinations 4 – 10;
- Immunizations for Adolescents, and
- Aspirin Use and Discussion.

Finally, Medical Assistance with Smoking Cessation is not reported because NCQA has changed the specifications for the measure for this year. Since the measure is collected using a two-year rolling average, this year's data are not reportable.

Trend Analysis

For the eighth consecutive year, statistical analyses are presented to identify whether there was significant change in MCO-specific performance over time. As in the past, the statistical test measures whether there is a significant change between two points in time: performance during a base reference year and performance during the most recent year. For this report, the most recent year for HEDIS[®] data is 2009, and the base year that was selected is 2007. The most recent CAHPS[®] data were from 2010, so the base year selected was 2008.

To conduct a trend analysis, there needs to be two elapsed time periods and no significant changes in measurement methodology over these years. Therefore, not all measures are good candidates for statistical analysis of cross-year differences. For example, measures could be excluded because:

- the population meeting the measurement criteria was too small to generate reliable rates;
- the measurement specifications have changed significantly over time; or
- there is no earlier data point, such as with first-year measures.

Graphing Trends

Wherever possible, a line graph, which shows the longest continuous data series in the Department database, is included in this report. It is important to note that for measures that are rotated out of the reporting cycle by NCQA, data for every other year are used to create the graph. Regardless of the number of years shown on the graph, significance was measured using only data from the base year and most recent year, as described above.

Significance Tests

In the point-in-time analysis, to determine that an MCO's performance significantly differed from the appropriate regional or national average, the Department requires that two separate relevance tests be met. The first is a statistical significance test, which requires a resulting "p" value of 0.05 or less. The second significance test is a "practical" significance test, which requires that there be at least four percentage points between the MCO's performance and the standard against which the MCO's performance is being evaluated.

For example, an MCO rate of 94.25% that is statistically significantly different from an average rate of 90.45% would not meet the practical significance test because the rates are 3.80 percentage points apart, which is less than the required four percentage points. The practical significance test is designed to identify differences that a reader would find important, and eliminate statistically significant differences that might be so small that the reader would find them immaterial.

In interpreting the results of tests of trend analysis (change-over-time), a statistical significance test requiring a "p" value of 0.05 or less was used. No practical significance test is applied to the change-over-time measures.

In the sections that follow, tables depict MCO performance for each of the HEDIS® measures:

- "NA" (not applicable) indicates that the population of members meeting the conditions for this measure is too small to produce a meaningful score (or rate), an MCO has no cases to report, or a significance test or trend analysis cannot be done because there are no data with which to make the comparison.
- "NR" (not required to report) indicates that an MCO did not report the measure because it is not required to do so; and
- "FTR" (failed to report) indicates that an MCO is required to report data, but failed to do so.

HEDIS® and CAHPS® “Superscores”

For the third year, this report includes a calculation of two “superscores.” These are ratings of each MCO’s overall performance. These ratings do not include MBHOs or PPOs. One superscore is based on HEDIS® measures and a second is based on CAHPS® measures. The measures included in the superscore calculations are selected from the measures highlighted in this report and focus on effectiveness of care, access to services, and member experience and customer service. The superscores provide a mechanism for summarizing and evaluating an MCO’s overall performance.

To develop the superscore, there are four performance categories based on percentiles calculated by NCQA and reported in NCQA’s Quality Compass for national “All Lines of Business Minus PPO (MCO w/o PPO).” The MCO’s score on each measure is compared to NCQA’s percentiles for that measure and assigned to the applicable performance category. The following table depicts the four performance categories:

Rankings	Percentile	Stars
Excellent:	90th percentile or higher	★★★★
Good:	75th through 89th percentile	★★★
Fair:	50th through 74th percentile	★★
Poor:	Less than the 50th percentile	★

Stars were assigned to each MCO for each measure and then added across all measures. The number of stars earned by each MCO was then divided by the number of measures, to create an overall average score. To clearly display the information, the overall average score is rounded to the nearest whole number of stars.

Each measure is weighted equally and composite measures are excluded.

MCO w/o PPO: HEDIS® Superscore

The following HEDIS® measures that focus on effectiveness of care and access to services were included in the superscore calculation:

- Adult BMI Assessment
- Weight Assessment & Counseling for Children & Adolescents - BMI Percentile 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - BMI Percentile 12-17 Years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Nutrition 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Nutrition 12-17 Years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Physical Activity 3-11 years
- Weight Assessment & Counseling for Children & Adolescents - Counseling for Physical Activity 12-17 Years
- Breast Cancer Screening

- Cervical Cancer Screening
- Chlamydia Screening in Women Ages 16-20
- Chlamydia Screening in Women Ages 21-24
- Colorectal Cancer Screening
- Flu Shot for Adults Ages 50-64
- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Follow-Up After Hospitalization for Mental Illness within 30 Days
- Follow-Up After Hospitalization for Mental Illness within 7 Days
- Use of Imaging Studies for Low Back Pain
- Use of Appropriate Medications for People with Asthma: All Ages
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening
- Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100
- Diabetic Management HbA1c Testing
- Diabetic Management Diabetic Eye Exam
- Diabetic Management Good HbA1c Control <8%
- Diabetic Management LDL-C Level <100
- Diabetic Management LDL-C Screening
- Diabetic Management Monitoring Blood Pressure Control <130/80
- Diabetic Management Monitoring Blood Pressure Control <140/90
- Diabetic Management Monitoring for Diabetic Nephropathy
- Diabetic Management Poor HbA1c Control >9%
- Antidepressant Medication Management - Effective Acute Phase Treatment
- Antidepressant Medication Management - Effective Continuation Phase Treatment
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment
- Annual Monitoring for Patients on Persistent Medications: ACE Inhibitors or ARB
- Annual Monitoring for Patients on Persistent Medications: Anticonvulsants
- Annual Monitoring for Patients on Persistent Medications: Diuretics
- Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD

- Well-Child Visits in the First 15 Months of Life (6 or more visits)
- Well-Child Visits 3-6 Years
- Adolescent Well-Care Visits

Key Findings:

- The MCOs' scores are fairly close.
- For the fourth year in a row CIGNA has the highest number of stars of the four MCOs. CIGNA's higher star rating is a result of mathematical rounding and is not dramatically higher than that of MVP or BCBS.
- Each MCO's HEDIS[®] superscore is the same, in terms of number of stars, as it has been for the past three years. Each MCO's numeric superscore has varied over the years; however, no clear trends are identifiable.

HEDIS [®] Superscore, 2009		
	Score	Stars
BCBS	2.14	★★
CIGNA	2.50	★★★
MVP	2.18	★★
TVHP	1.84	★★

MCO w/o PPO: CAHPS[®] Superscore

Only CAHPS[®] measures that focus on member experience that involve MCO policy or processes are included in the calculation of the CAHPS[®] superscore. For example, the measure “getting to see a specialist that you needed to see,” is included because access to specialists can involve MCO policy and processes. The measures “how well doctors communicate” and “getting care quickly” are not included, because they assess elements of performance that are generally not under the control of the MCO. The superscore in past years has included the HEDIS[®] “call answering” measures, as both “call abandonment” and “call answer timeliness” measure customer experience. However, since neither BCBS nor TVHP submitted data for these measures, they are not included in this year's calculation.

The following CAHPS[®] measures that focus on member experience are included in the superscore calculation:

- Getting to see a specialist that you needed to see
- Easy to get the care, tests or treatment you thought you needed
- How often customer service treated you with courtesy and respect
- Health plan forms were easy to fill out
- Written material or internet provided the information you needed about how health plan works
- Customer service gave information or help needed

- Claims processing was timely
- Claims were processed correctly
- Rate your overall health plan experience
- Got needed care as soon as wanted, when needed care right away
- Got appointment for routine health care as soon as wanted
- Able to find out how much to pay for a health care service or equipment
- Able to find out how much to pay for prescription medications

Key Findings:

- There is more variation in MCO CAHPS® performance than in the HEDIS® superscore.
- BCBS's performance is higher than the other MCOs, in part due to its high rating on claims processing timeliness, customer service treating members with courtesy and respect, and members being able to find out how much to pay for a health care service or equipment.
- TVHP is the second highest performing MCO, and this is due in part to its high score on the claims processing measures.

CAHPS® Superscore, 2010		
	Score	Stars
BCBS	3.27	★★★
CIGNA	1.55	★★
MVP	1.09	★
TVHP	2.09	★★

By their very nature superscores are highly aggregated composite scores. The following sections of this report present analysis of each measure on which the Vermont MCOs are being measured. These measures demonstrate some significant differences in performance levels among the MCOs and in comparison with the national and regional averages.

Preventive Care

The HEDIS® measures relating to access to preventive care are the following:

- Adult BMI Assessment
- Weight Assessment and Counseling for Nutritional and Physical Activity Composite
- Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile
- Weight Assessment and Counseling for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Children/Adolescents – Counseling for Physical Activity
- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening in Women Total
 - Chlamydia Screening in Women Ages 16-20
 - Chlamydia Screening in Women Ages 21-24
- Flu Shot for Adults Ages 50-64 (from the CAHPS® survey)
- Childhood Immunization Status: Combo 2
- Childhood Immunization Status: Combo 3
- Well-Child Visits in the First 15 Years of Life
- Well-Child Visits 3-6 Years
- Adolescent Well-Care Visits

When reviewing the point-in-time tables, please note that the symbols have the following meanings:

- ▲ = Better: means that the MCO's point-in-time score is better than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- ◎ = Similar: means that there is no significant difference between the MCO's point-in-time score and the national or regional average.
- ▼ = Worse: means that the MCO's point-in-time score is worse than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- = Improvement Opportunity: means that either 1) the MCO's point-in-time score is below the better of the national or regional average by a statistically and practically significant amount, or 2) all rates (MCO, regional and national) are below 50%. Either of these conditions indicates an opportunity where the MCO can improve its performance.

When reviewing the change-over-time evaluations, please note that the results are reported as follows:

- ▲ = Better: means that the MCO's performance improved between the base year and the measurement year by an amount that is statistically significant; therefore, the improved performance cannot be explained by chance alone.
- ◎ = Similar: means that the MCO's performance in the base year was statistically no different from its performance in the measurement year.
- ▼ = Worse: means that the MCO's performance declined between the base year and the measurement year by an amount that is statistically significant; therefore, the decline in performance cannot be explained by chance alone.

Adult BMI Assessment

This measure reports the percentage of members between 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the last two years. BMI is one indicator of an individual's appropriate level of body fat. Since obesity is one of the leading contributors to cardiac, joint conditions, adult onset diabetes, early prevention of obesity will reduce future health care risks.

Adult BMI Assessment, 2009										
	BCBS ²⁵	CIGNA	MVP	TVHP ¹⁰	MCO (w/o PPO) Average		CIGNA PPO ¹⁰	MVP PPO ¹⁰	BCBS PPO ¹⁰	PPO Average
Plan Rate	3%	34%	37%	3%			1%	2%	3%	
National Average	▼	▼	⊙	▼	41%		▼	▼	▼	13%
Regional Average	▼	▼	▼	▼	48%		NA	NA	NA	NR
Improvement Opportunity	●	●	●	●			●	●	●	

²⁵ MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for CIGNA and MVP, both of which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents (BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity) – Composite

This composite reports aggregated results for the following three measures:

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had their body mass index (BMI) documented during the measurement year.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for nutrition.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for physical activity.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents: BMI Percentile, Counseling for Nutrition, and Counseling for Physical Activity - Composite, 2009										
	BCBS ²⁶	CIGNA	MVP	TVHP ¹¹	MCO (w/o PPO) Average		CIGNA PPO ¹¹	MVP PPO ¹¹	BCBS PPO ¹¹	PPO Average
Plan Rate	0.4%	42%	56%	0.4%			0.5%	0.0%	0.5%	
National Average	▼	⊙	▲	▼	38%		▼	▼	▼	19%
Regional Average	▼	▼	⊙	▼	56%		NA	NA	NA	NR
Improvement Opportunity	●	●		●			●	●	●	

²⁶ MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for CIGNA and MVP, both of which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had their body mass index (BMI) documented during the measurement year.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents - BMI Percentile, 2009											
		BCBS ²⁷	CIGNA	MVP	TVHP ²⁷	MCO (w/o PPO) Average		CIGNA PPO ²⁷	MVP PPO ²⁷	BCBS PPO ²⁷	PPO Average
Total	Plan Rate	0.23%	34%	52%	0.43%			0.42%	0.13%	0.59%	
	National Average	▼	⊙	▲	▼	35%		▼	▼	▼	17%
	Regional Average	▼	▼	⊙	▼	52%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
3 – 11 years of age	Plan Rate	0.14%	30%	54%	0.37%			0.33%	0.12%	0.17%	
	National Average	▼	⊙	▲	▼	36%		▼	▼	▼	18%
	Regional Average	▼	▼	⊙	▼	52%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
12 – 17 years of age	Plan Rate	0.34%	38%	49%	0.50%			0.51%	0.12%	1.04%	
	National Average	▼	⊙	▲	▼	35%		▼	▼	▼	17%
	Regional Average	▼	▼	⊙	▼	51%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	

²⁷ MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than CIGNA and TVHP both of which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for nutrition.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Nutrition, 2009											
		BCBS ²⁸	CIGNA	MVP	TVHP ²⁸	MCO (w/o PPO) Average		CIGNA PPO ²⁸	MVP PPO ²⁸	BCBS PPO ²⁸	PPO Average
Total	Plan Rate	0.61%	49%	59%	0.46%			0.53%	0.24%	0.36%	
	National Average	▼	▲	▲	▼	41%		▼	▼	▼	20%
	Regional Average	▼	▼	⊙	▼	61%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
3 – 11 years of age	Plan Rate	0.33%	49%	62%	0.26%			0.38%	0.00%	0.17%	
	National Average	▼	⊙	▲	▼	44%		▼	▼	▼	21%
	Regional Average	▼	▼	⊙	▼	64%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
12 – 17 years of age	Plan Rate	0.96%	49%	57%	0.69%			0.69%	0.52%	0.57%	
	National Average	▼	▲	▲	▼	37%		▼	▼	▼	19%
	Regional Average	▼	▼	⊙	▼	57%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	

²⁸ MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method, which resulted in much lower rates than for CIGNA and MVP, both of which used the hybrid method.

Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity

This measure reports the percentage of members between 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had counseling for physical activity.

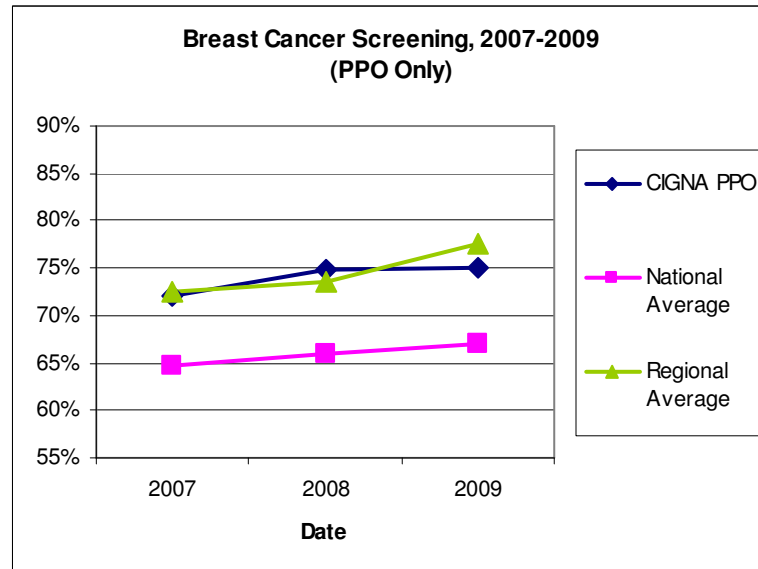
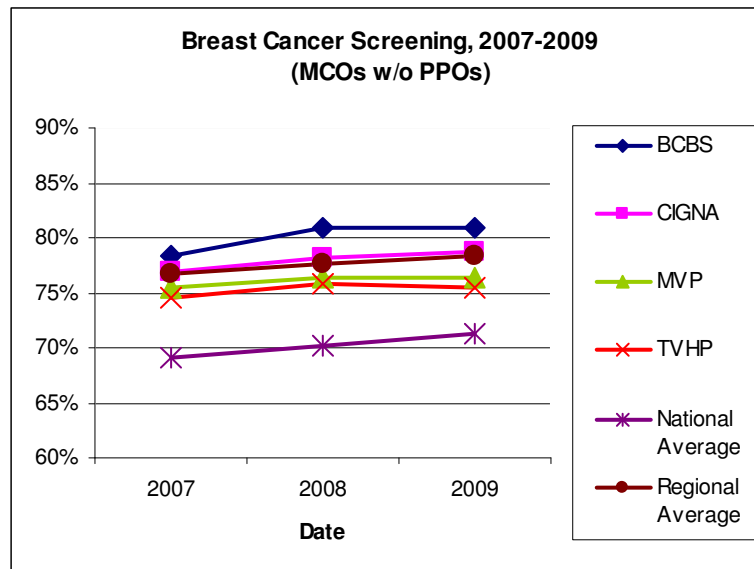
Weight Assessment and Counseling for Nutritional and Physical Activity for Children/Adolescents – Counseling for Physical Activity, 2009											
		BCBS ²⁹	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO ²⁹	MVP PPO ²⁹	BCBS PPO ²⁹	PPO Average
Total	Plan Rate	0%	42%	59%	0%			0%	0%	0%	
	National Average	▼	▲	▲	▼	37%		▼	▼	▼	17%
	Regional Average	▼	▼	⊙	▼	55%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
3 – 11 years of age	Plan Rate	0%	35%	56%	0%			0%	0%	0%	
	National Average	▼	⊙	▲	▼	34%		▼	▼	▼	17%
	Regional Average	▼	▼	⊙	▼	53%		NA	NA	NA	NR
	Improvement Opportunity	●	●		●			●	●	●	
12 – 17 years of age	Plan Rate	0%	52%	62%	0%			0%	0%	0%	
	National Average	▼	▲	▲	▼	40%		▼	▼	▼	18%
	Regional Average	▼	⊙	⊙	▼	59%		NA	NA	NA	NR
	Improvement Opportunity	●			●			●	●	●	

²⁹ MCOs are allowed to report this measure using either the administrative (claims data) or hybrid (claims data and chart review sample) method. BCBS, CIGNA PPO, MVP PPO, TVHP and BCBS PPO reported using the administrative method which resulted in much lower rates than for CIGNA and MVP, both of which used the hybrid method.

Breast Cancer Screening

This measure reports the percentage of women between 42 and 69 years of age who had a mammogram during the last 2 years. Early detection and treatment of breast cancer can significantly increase a woman's chances of survival.

Breast Cancer Screening, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	81%	79%	76%	76%			75%	74%	72%	
National Average	▲	▲	▲	▲	71%		▲	▲	▲	67%
Regional Average	⊙	⊙	⊙	⊙	78%		⊙	⊙	▼	78%
Improvement Opportunity									●	
Change Over Time 2007-2009	▲	▲	⊙	⊙			▲			



Cervical Cancer Screening

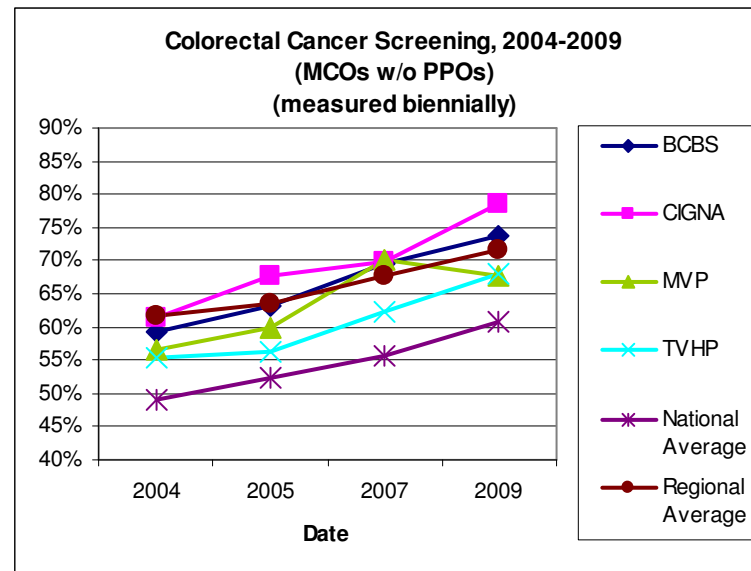
This measure reports the percentage of women between the ages of 21 and 64 who received one or more Pap tests to screen for cervical cancer during the measurement period. Early detection and treatment of cervical cancer can significantly increase a woman's chances of survival.

Cervical Cancer Screening, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	82%	82%	80%	81%			78%	84%	76%	
National Average	▲	▲	⊙	⊙	77%		⊙	▲	⊙	75%
Regional Average	⊙	⊙	⊙	⊙	82%		⊙	⊙	▼	81%
Improvement Opportunity									●	

Colorectal Cancer Screening

This measure reports the percentage of members between the ages of 50 and 75 who had appropriate screening for colorectal cancer. Early detection and treatment of colorectal cancer can significantly increase the change of survival.

Colorectal Cancer Screening, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	74%	78%	68%	68%			49%	39%	57%	
National Average	▲	▲	▲	▲	61%		⊙	▼	▲	47%
Regional Average	⊙	▲	⊙	⊙	72%		▼	▼	⊙	54%
Improvement Opportunity							●	●		
Change Over Time 2007-2009	⊙	▲	⊙	⊙						

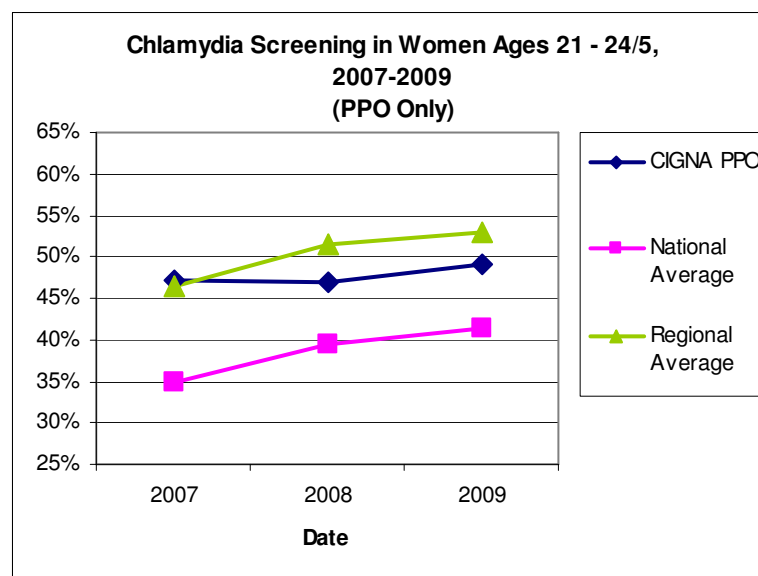
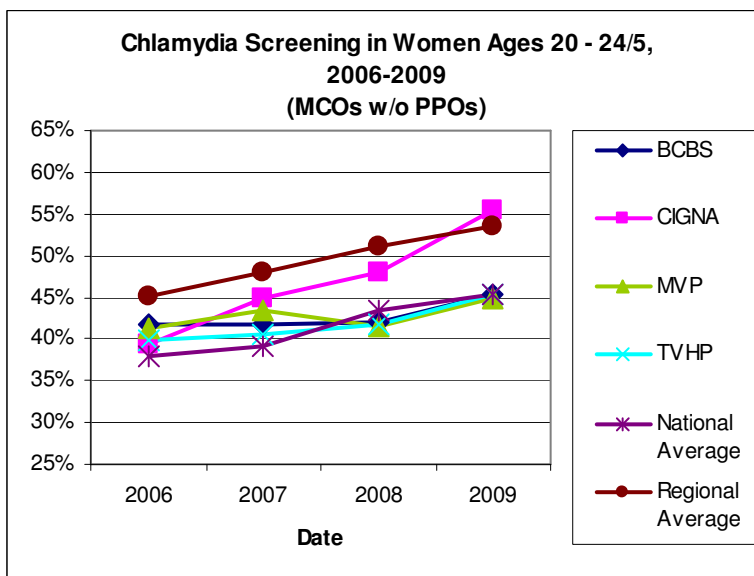
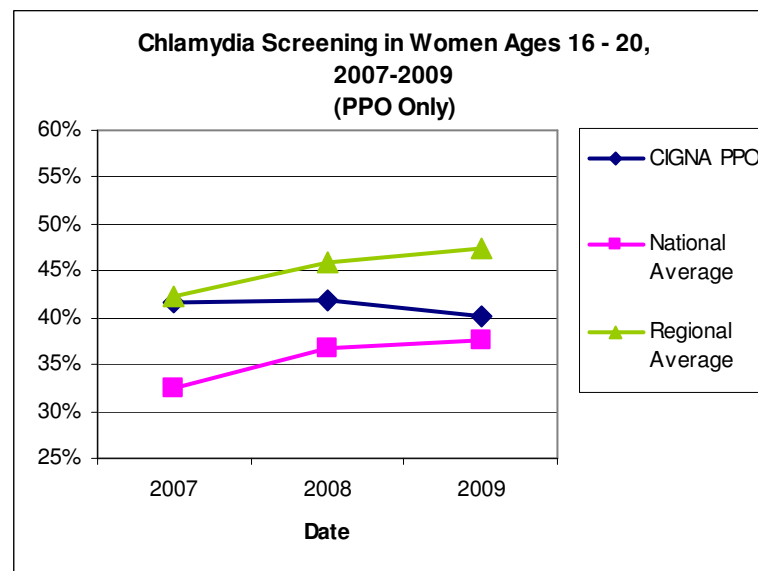
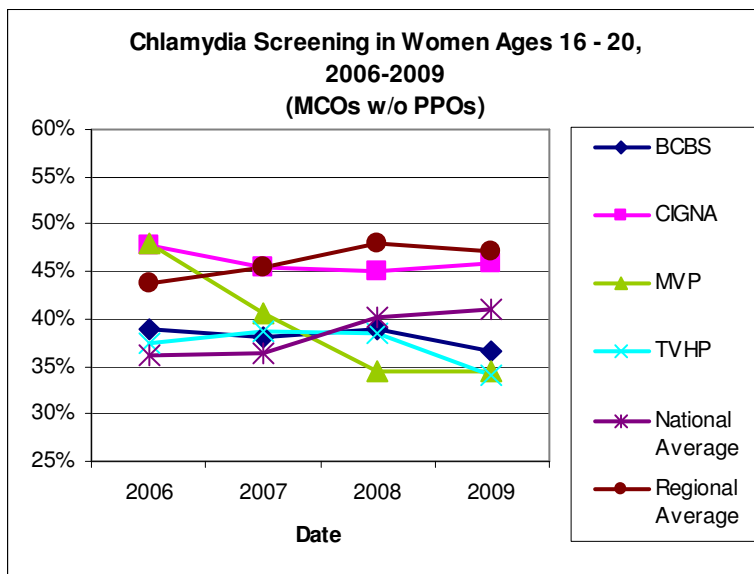


Chlamydia Screening in Women

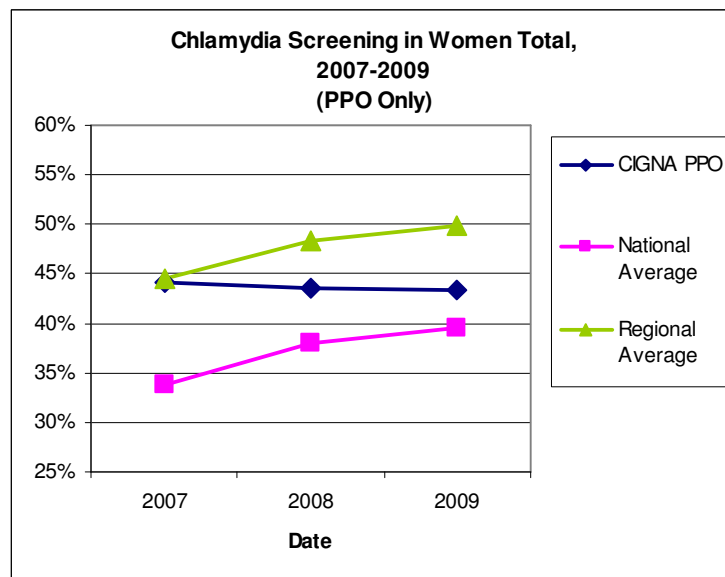
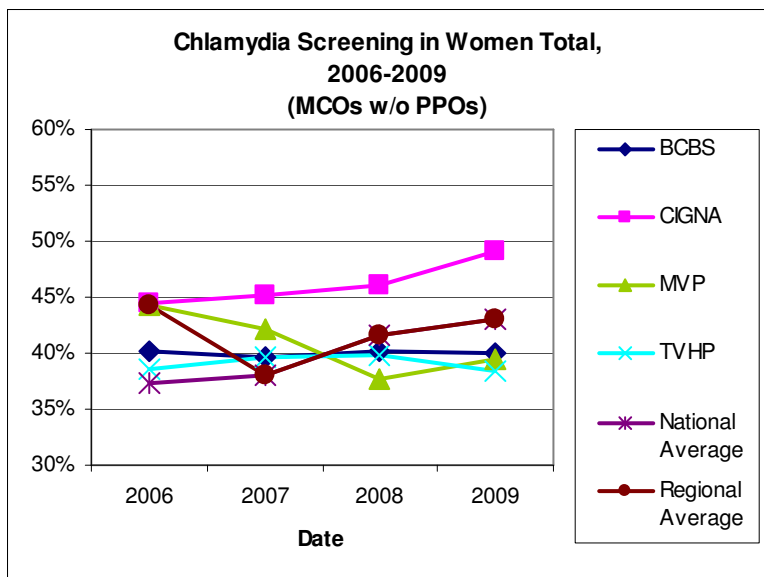
This measure reports the total percentage of sexually active women between 16 and 24 years of age who received at least one test for chlamydia during 2009. Chlamydia screening is an important public health strategy to control a common sexually transmitted disease.

Chlamydia Screening in Women, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	40%	49%	39%	38%			43%	42%	42%	
	National Average	⊙	▲	⊙	▼	43%		⊙	⊙	⊙	40%
	Regional Average	▼	⊙	▼	▼	50%		▼	▼	▼	50%
	Improvement Opportunity	●		●	●			●	●	●	
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			
16 – 20 years of age	Plan Rate	37%	46%	35%	34%			40%	39%	41%	
	National Average	▼	▲	⊙	▼	41%		⊙	⊙	⊙	38%
	Regional Average	▼	⊙	▼	▼	47%		▼	▼	▼	47%
	Improvement Opportunity	●	●	●	●			●	●	●	
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			
21 – 24 years of age	Plan Rate	45%	55%	45%	45%			49%	45%	43%	
	National Average	⊙	▲	⊙	⊙	45%		▲	⊙	⊙	41%
	Regional Average	▼	⊙	▼	▼	54%		⊙ ³⁰	▼	▼	53%
	Improvement Opportunity	●		●	●				●	●	
	Change Over Time 2007-2009	⊙	▲	⊙	⊙			⊙			

³⁰ Because the rate is not statistically and practically different than the regional average, and the regional average is above 50%, this is not identified as an improvement opportunity.



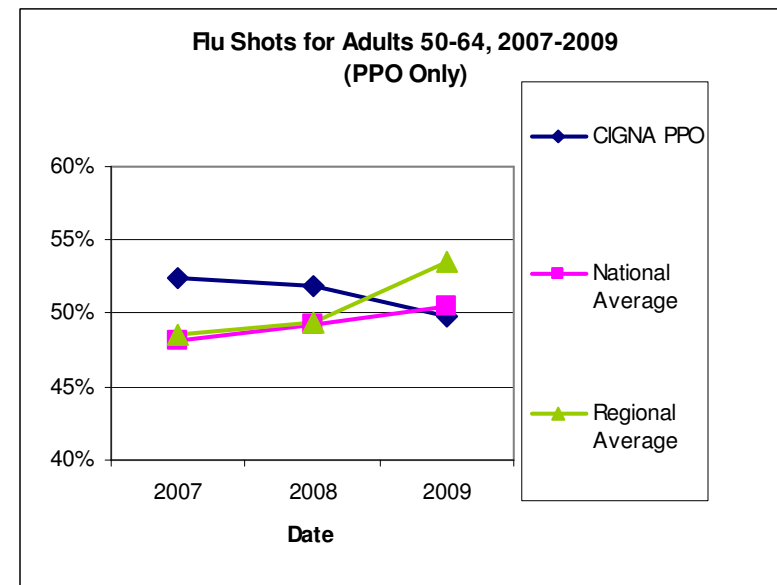
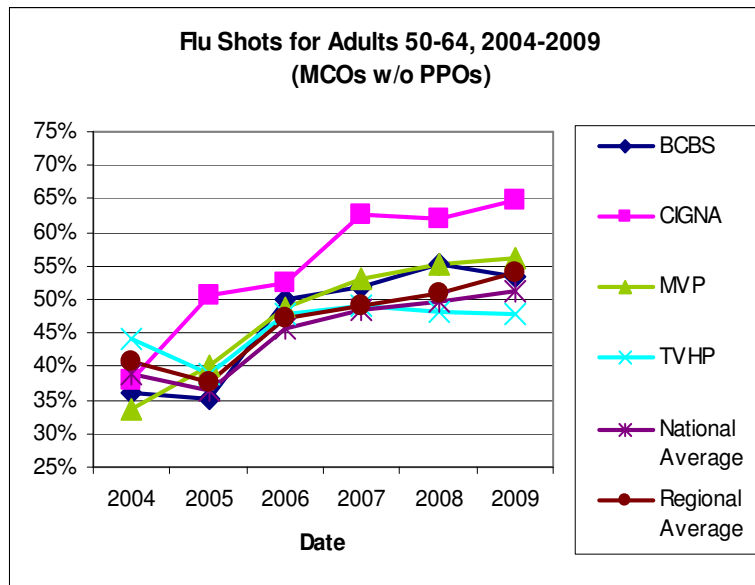
*The upper age range changed from 25 to 24 in 2008



Flu Shot for Adults Ages 50-64

This measure is a two-year rolling average of the percentage of adults between the ages of 50 and 64 who received flu shots. Flu shots can reduce the severity of flu symptoms and prevent deaths.

Flu Shot for Adults 50-64, 2009									
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO
Plan Rate	53%	65%	56%	48%			50%	47%	50%
National Average	⊙	▲	▲	⊙	51%		⊙	⊙	⊙
Regional Average	⊙	▲	⊙	▼	54%		⊙	⊙	⊙
Improvement Opportunity				●					
Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙		



Childhood Immunization Status: Combo 2

This measure looks at the percentage of children who received the recommended immunizations by their second birthday. The recommended immunizations are four diphtheria, tetanus and acellular pertussis; three polio; one measles, mumps and rubella; at least two H influenza type B; three hepatitis B; and one chicken pox. Immunizations help keep children healthy by preventing serious illnesses.

Childhood Immunization Status: Combo 2, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	76%	77%	71%	73%			NR	NA	74%	
National Average	⊙	⊙	⊙	⊙	78%		NA	NA	▲	43%
Regional Average	▼	▼	▼	▼	83%		NA	NA	▲	54%
Improvement Opportunity	●	●	●	●						

Childhood Immunization Status: Combo 3

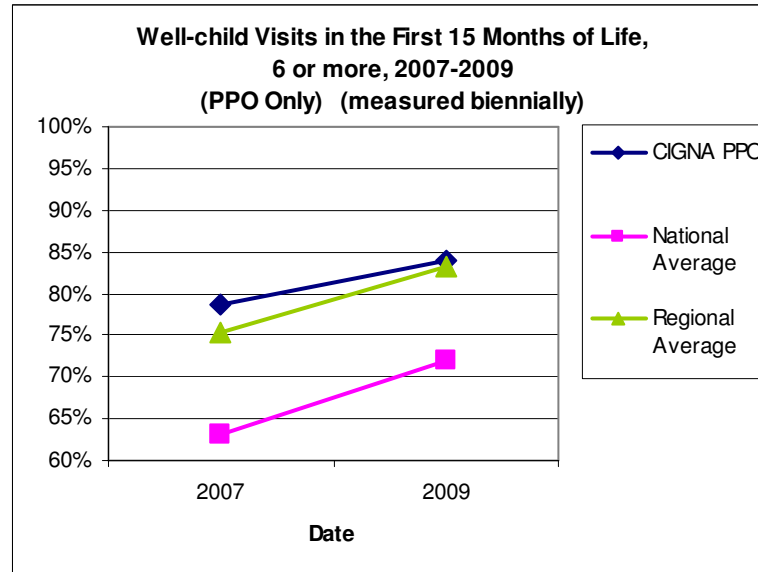
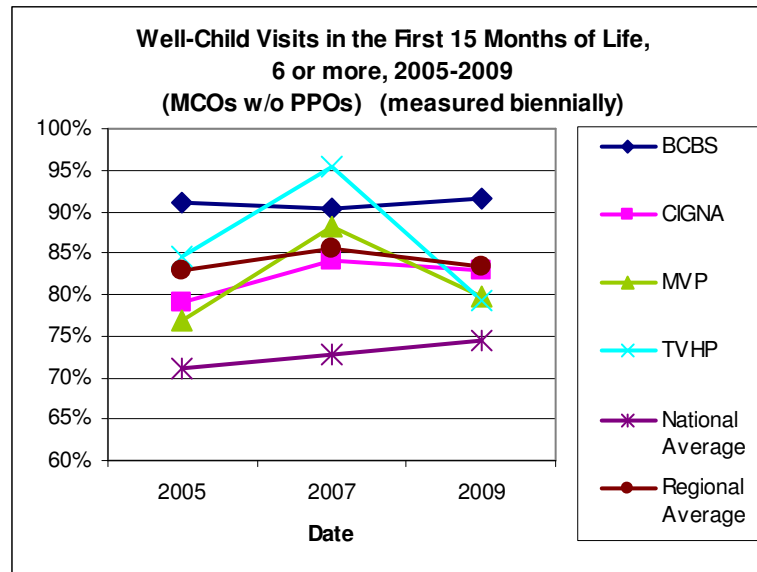
This measure looks at the percentage of children who received the recommended immunizations by their second birthday. The recommended immunizations are all of the immunizations in Combo 2 plus at least four pneumococcal conjugate vaccinations on or before the child's second birthday. Combo 3 differs from Combo 2 by including the pneumococcal conjugate vaccination.

Childhood Immunization Status: Combo 3, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	75%	75%	66%	69%			NR	NA	70%	
National Average	⊙	⊙	⊙	⊙	73%		NA	NA	▲	40%
Regional Average	▼	⊙	▼	▼	80%		NA	NA	▲	51%
Improvement Opportunity	●		●	●						

Well-Child Visits in the First 15 Months of Life (6 or More Visits)

This measure reports the percentage of children who received at least six well-child visits within the first 15 months of life. Having regular well-child check-ups is one of the best ways to achieve early detection of physical, developmental, behavioral, and emotional problems.

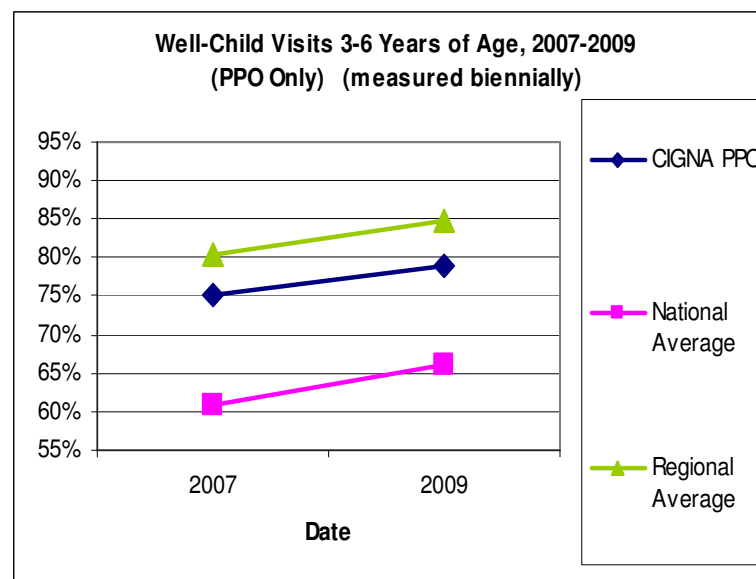
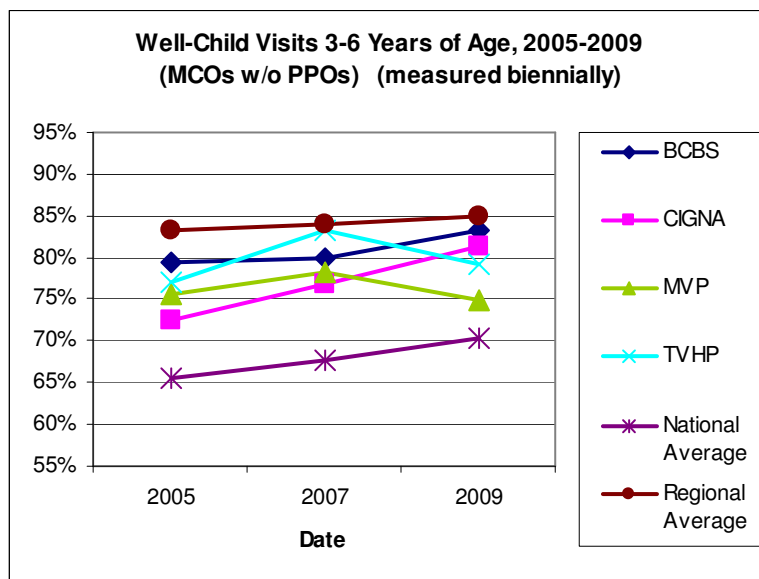
Well-Child Visits in the First 15 Months of Life, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	92%	83%	80%	79%			84%	NA	82%	
National Average	▲	▲	⊙	⊙	74%		▲	NA	▲	72%
Regional Average	▲	⊙	⊙	⊙	83%		⊙	NA	⊙	83%
Change Over Time 2007-2009	⊙	⊙	▼	⊙			⊙			



Well-Child Visits 3-6 Years of Age

This measure reports the percentage of children between 3 and 6 years of age who received one or more well-child visits with a PCP during the measurement year. Well-child visits during the pre-school and early school years are important for the early detection of physical, developmental, behavioral, and emotional problems.

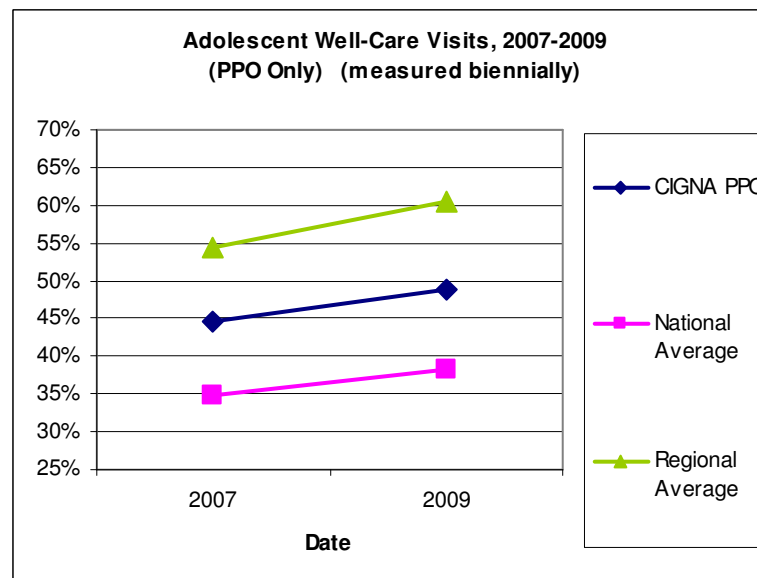
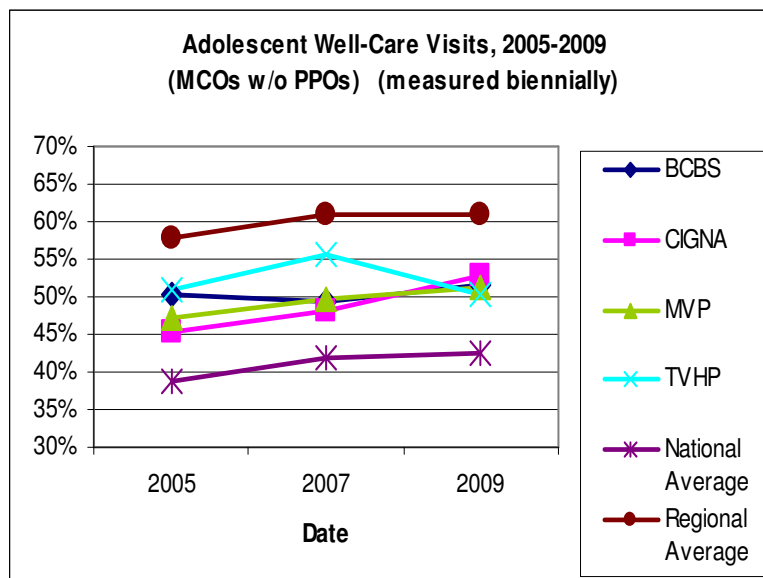
Well-Child Visits 3-6 Years of Age , 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	83%	81%	75%	79%			79%	74%	78%	
National Average	▲	▲	▲	▲	70%		▲	▲	▲	66%
Regional Average	⊙	⊙	▼	▼	85%		▼	▼	▼	85%
Improvement Opportunity			●	●			●	●	●	
Change Over Time 2007-2009	⊙	▲	⊙	⊙			▲			



Adolescent Well-Care Visits

This measure reports the percentage of enrolled members between 12 and 21 years of age who had at least one comprehensive well-care visit during the measurement year. Adolescents benefit from annual preventive health care visits that address the changing physical, emotional and social aspects of their health.

Adolescent Well-Care Visits, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	52%	53%	51%	50%			49%	46%	48%	
National Average	▲	▲	▲	▲	43%		▲	▲	▲	38%
Regional Average	▼	▼	▼	▼	61%		▼	▼	▼	60%
Improvement Opportunity	●	●	●	●			●	●	●	
Change Over Time 2007-2009	⊙	⊙	⊙	▼			▲			



Appropriate Treatment of Acute and Chronic Illnesses

NCQA has expanded its measures associated with treatment of acute conditions. Three of the measures – Appropriate Treatment of Children with Upper Respiratory Infection, Appropriate Testing of Children with Pharyngitis, and Avoidance of Antibiotic Use in Adults with Acute Bronchitis – look at whether providers are appropriately using antibiotics when providing care. There is growing concern that the inappropriate and unnecessary use of antibiotics in treating common childhood and adult illnesses is leading to the development of antibiotic-resistant bacteria that cannot be effectively controlled.

NCQA for many years has collected data on how well providers serve MCO members with the chronic diseases of asthma and diabetes. In addition, NCQA now collects data for measures concerning the following chronic conditions:

- chronic respiratory conditions;
- chronic cardiovascular conditions;
- chronic musculoskeletal conditions;
- chronic behavioral health conditions, and
- use of medications to treat chronic diseases.

Because NCQA rotates these chronic disease measures, only a selection of these established measures for care of chronic conditions is reported annually.

The following measures are reported in this section:

Acute Care

- Appropriate Treatment of Children with Upper Respiratory Infection
- Appropriate Testing for Children with Pharyngitis
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Appropriate Use of Imaging Studies for Low Back Pain

Chronic Care

- Use of Appropriate Medications for People With Asthma
- Comprehensive Diabetes Care
- Use of Spirometry Testing in the Assessment of and Diagnosis of COPD
- Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis
- Annual Monitoring for Patients on Persistent Medications
- Cholesterol Management for Patients With Cardiovascular Conditions

When reviewing the tables on the pages that follow, please note that the symbols have the following meanings:

- ▲ = Better: means that the MCO's point-in-time score is better than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- ◎ = Similar: means that there is no significant difference between the MCO's point-in-time score and the national or regional average.
- ▼ = Worse: means that the MCO's point-in-time score is worse than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- = Improvement Opportunity: means that either 1) the MCO's point-in-time score is below the better of the national or regional average by a statistically and practically significant amount or 2) all rates (MCO, regional and national) are below 50%. Either of these conditions indicates an opportunity where the MCO can improve its performance.

When reviewing the change-over-time evaluations, please note that the results are reported as follows:

- ▲ = Better: means that the MCO's performance improved between the base year and the measurement year by an amount that is statistically significant; therefore, the improved performance cannot be explained by chance alone.
- ◎ = Similar: means that the MCO's performance in the base year was statistically no different from its performance in the measurement year.
- ▼ = Worse: means that the MCO's performance declined between the base year and the measurement year by an amount that is statistically significant; therefore, the decline in performance cannot be explained by chance alone.

Care for Children

Composite

This composite measure combines each MCO's performance regarding appropriate treatment for children with upper respiratory infections and appropriate testing of children with pharyngitis to create a Care for Children Composite.

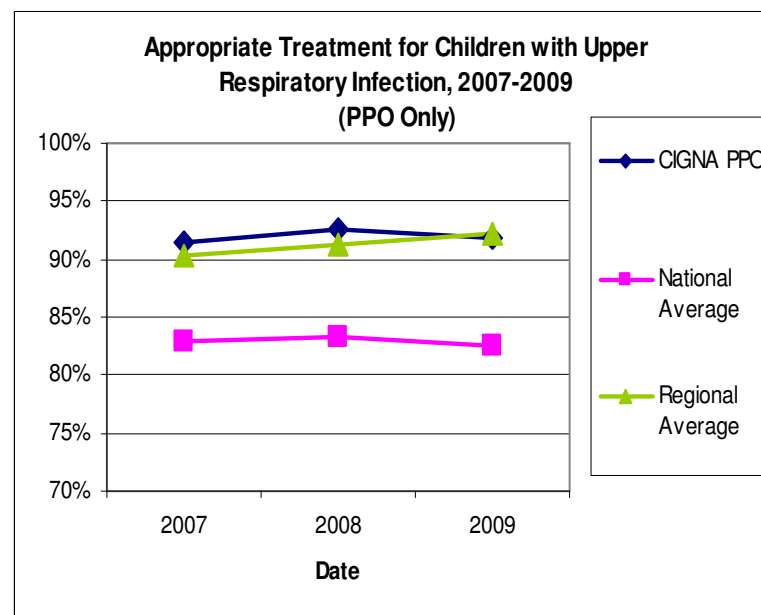
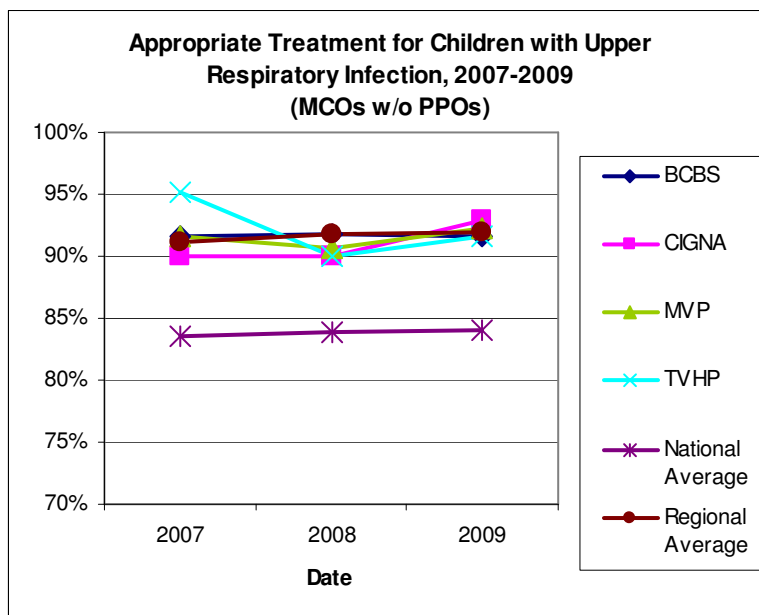
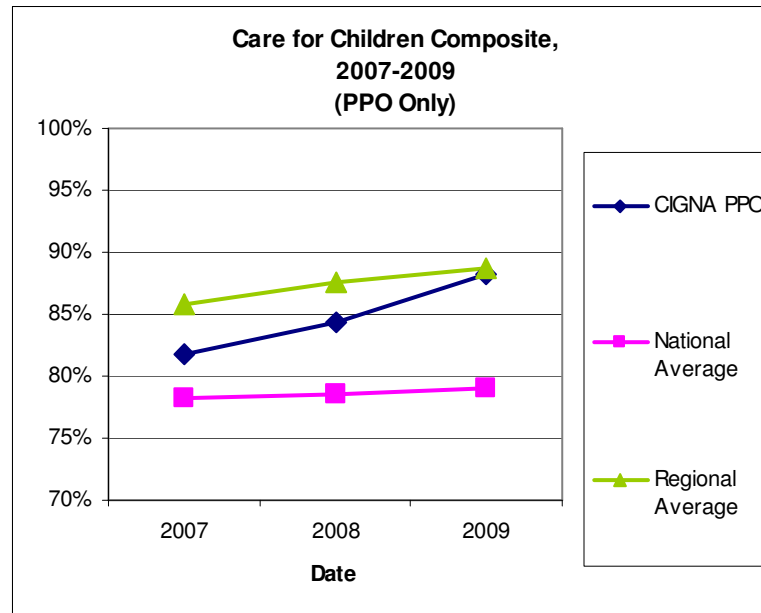
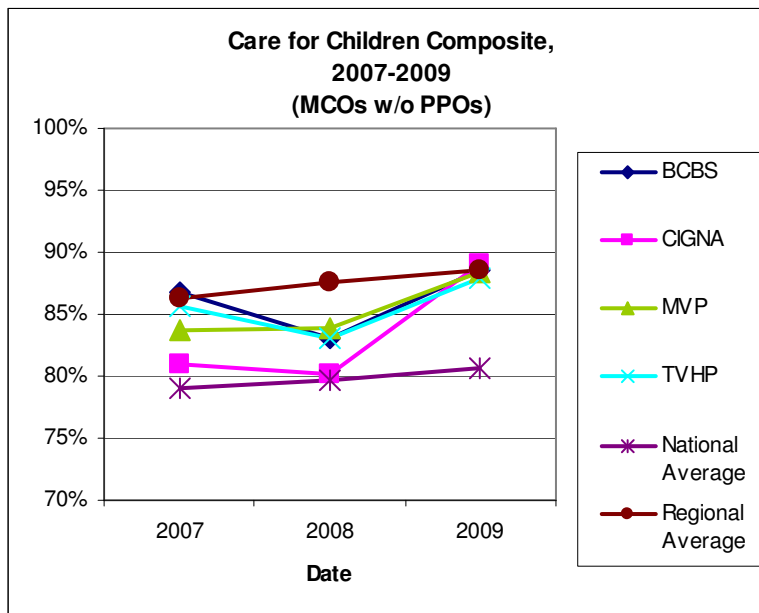
Appropriate Treatment for Children with Upper Respiratory Infection

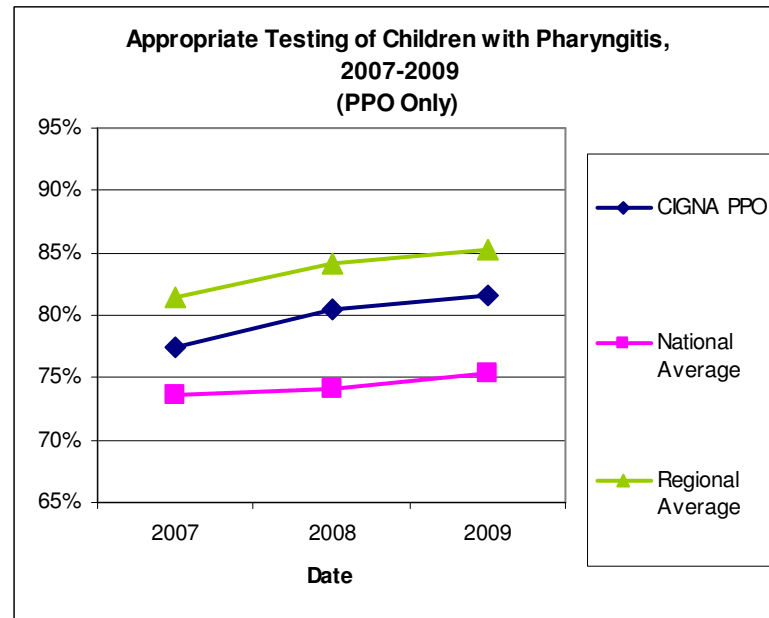
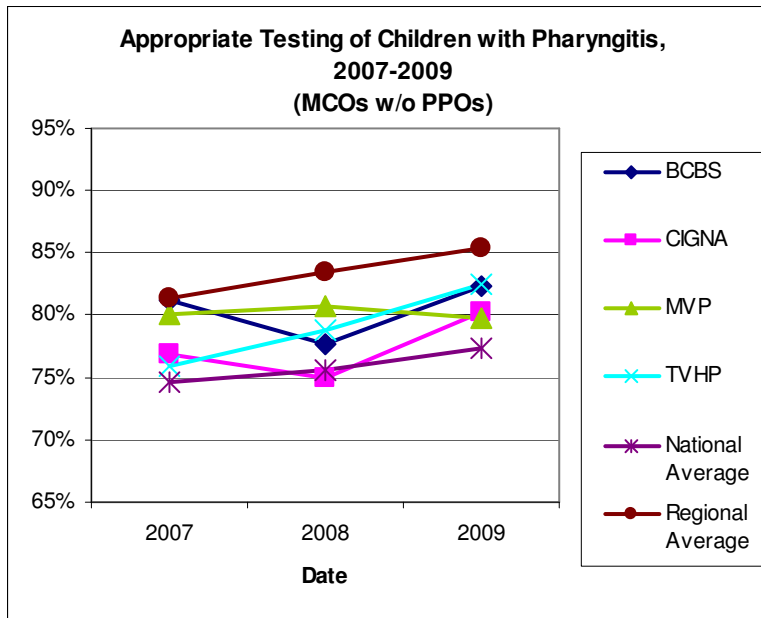
This measure reports the percentage of children between the ages of 3 months and 18 years of age who were diagnosed with an upper respiratory infection and were not given an antibiotic prescription until at least three days after the initial doctor's visit. If an infection is from a virus, a child will be feeling better within 3 days and will not need an antibiotic. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Appropriate Testing of Children with Pharyngitis

This measure reports the percentage of children between 2 and 18 years of age who were diagnosed with a sore throat and who were prescribed an antibiotic and received a strep test. By giving a strep test, the doctor is verifying that bacteria, not a virus, caused the infection and that prescribing an antibiotic is the appropriate treatment. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Care for Children, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	89%	89%	88%	88%			88%	87%	85%	
	National Average	▲	▲	▲	▲	81%		▲	◎	▲	79%
	Regional Average	◎	◎	◎	◎	89%		◎	◎	◎	89%
	Change Over Time 2007-2009	◎	◎	◎	◎			▲			
Appropriate Treatment for Children with Upper Respiratory Infection	Plan Rate	92%	93%	92%	92%			92%	90%	92%	
	National Average	▲	▲	▲	▲	84		▲	▲	▲	82%
	Regional Average	◎	◎	◎	◎	92		◎	◎	◎	92%
	Change Over Time 2007-2009	◎	◎	◎	◎			◎			
Appropriate Testing of Children with Pharyngitis	Plan Rate	82%	80%	80%	82%			82%	83%	74%	
	National Average	▲	◎	◎	▲	77%		▲	◎	◎	75%
	Regional Average	◎	◎	◎	◎	85%		◎	◎	▼	75%
	Improvement Opportunity									●	
	Change Over Time 2007-2009	◎	◎	◎	◎			◎			

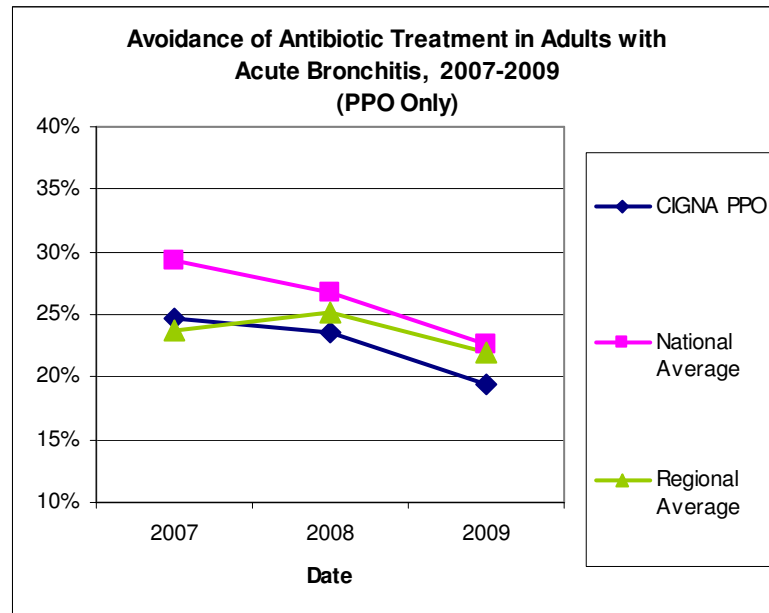
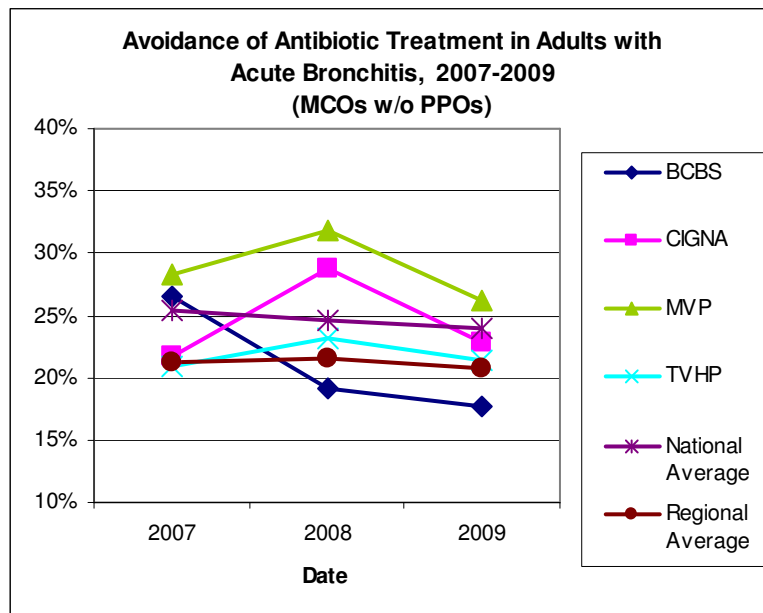




Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

This measure is the percentage of members 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. A higher rate represents better performance. Unnecessary use of antibiotics is of great concern because it can lead to the growth of dangerous bacteria that cannot easily be controlled by antibiotics.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis , 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	18%	23%	26%	21%			19%	21%	22%	
National Average	▼	⊙	⊙	⊙	24%		⊙	⊙	⊙	23%
Regional Average	⊙	⊙	▲	⊙	21%		⊙	⊙	⊙	22%
Improvement Opportunity	●	●	●	●			●	●	●	
Change Over Time 2007-2009	▼	⊙	⊙	⊙			▼			



Use of Appropriate Medications for People with Asthma

This measure reports the percentage of members between 5 and 50 years of age who were identified as having persistent asthma and who were prescribed medications that are considered appropriate for long-term control of asthma. If used properly, medications are able to minimize the symptoms of asthma for most patients.

Use of Appropriate Medications for People with Asthma, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Total	Plan Rate	95%	97%	92%	92%			92%	NA	93%	
	National Average	⊙	⊙	⊙	⊙	93%		⊙	NA	⊙	93%
	Regional Average	⊙	⊙	⊙	⊙	93%		⊙	NA	⊙	93%
5 – 11 years of age	Plan Rate	98%	NA	NA	100%			96%	NA	NA	
	National Average	⊙	NA	NA	⊙	97%		⊙	NA	NA	97%
	Regional Average	⊙	NA	NA	⊙	97%		⊙	NA	NA	97%
12 – 50 years of age	Plan Rate	94%	96%	92%	91%			92%	NA	92%	
	National Average	⊙	⊙	⊙	⊙	91%		⊙	NA	⊙	
	Regional Average	⊙	⊙	⊙	⊙	92%		⊙	NA	⊙	

Comprehensive Diabetes Care

Composite

This measure combines seven different diabetes treatment measures to evaluate how well MCOs care for people with diabetes. Overall management of diabetes is key to reducing debilitating and life-threatening complications and improving a member's quality of life. The seven measures are: HbA1C testing, Poor HbA1c Control (inverted in the composite calculation), Diabetic Eye Exam, LDL-C Screening, LDL-C <100, Monitoring for Diabetic Nephropathy, and Blood Pressure Control <140/90.

HbA1c Testing

This measure calculates the percentage of members diagnosed with diabetes who had a test for blood sugar (glucose) during the measurement year.

Poor HbA1c Control >9%

This measure reports the percentage of members with diabetes who have HbA1c measures above 9% during the measurement year.

Good HbA1c Control <8%

This measure reports the percentage of members with diabetes who have HbA1c measures below 8% during the measurement year.

Diabetic Eye Exam

This measure reports on the percentage of members diagnosed with diabetes who received a diabetic eye exam during the measurement year.

LDL-C Screening

This measure calculates the percentage of members diagnosed with diabetes who received cholesterol screening during the measurement year.

LDL-C Level <100

This measure calculates the percentage of members diagnosed with diabetes who received cholesterol screening during the measurement year and had an LDL-C level below 100 mg/dl.

Monitoring for Diabetic Nephropathy

This measure calculates the percentage of members diagnosed with diabetes who were monitored for kidney disease during the measurement year.

Blood Pressure Control <130/80

This measure reports the percentage of members diagnosed with diabetes whose blood pressure was controlled at a level less than 130/80 mm Hg.

Blood Pressure Control <140/90

This measure reports the percentage of members diagnosed with diabetes whose blood pressure was controlled at a level less than 140/90 mm Hg.

Comprehensive Diabetes Care, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO ³¹	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	73%	79%	75%	69%			NR	NA	68%	
	National Average	⊙	▲	⊙	⊙	71%		NA	NA	▲	57%
	Regional Average	⊙	⊙	⊙	⊙	76%		NA	NA	⊙	68%
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						
HbA1c Testing	Plan Rate	92%	97%	96%	91%			83%	90%	90%	
	National Average	⊙	▲	▲	⊙	89%		⊙	▲	▲	83%
	Regional Average	⊙	▲	⊙	⊙	92%		▼	⊙	⊙	89%
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						
Poor HbA1c Control >9% ³²	Plan Rate	38%	16%	23%	34%			NR	NA	39%	
	National Average	▼	▲	▲	▼	28%		NA	NA	▲	45%
	Regional Average	▼	▲	⊙	▼	24%		NA	NA	⊙	35%
	Improvement Opportunity	●			●						
	Change Over Time 2007-2009	⊙	⊙	▼	⊙						
Good HbA1c Control <8%	Plan Rate	57%	75%	67%	61%			NR	NA	55%	
	National Average	⊙	▲	▲	⊙	62%		NA	NA	▲	48%
	Regional Average	▼	▲	▲	▼	66%		NA	NA	⊙	55%
	Improvement Opportunity	●			●						

³¹ CIGNA PPO used the administrative method for reporting these rates. The administrative method can result in lower scores when compared with plans that used the hybrid method.

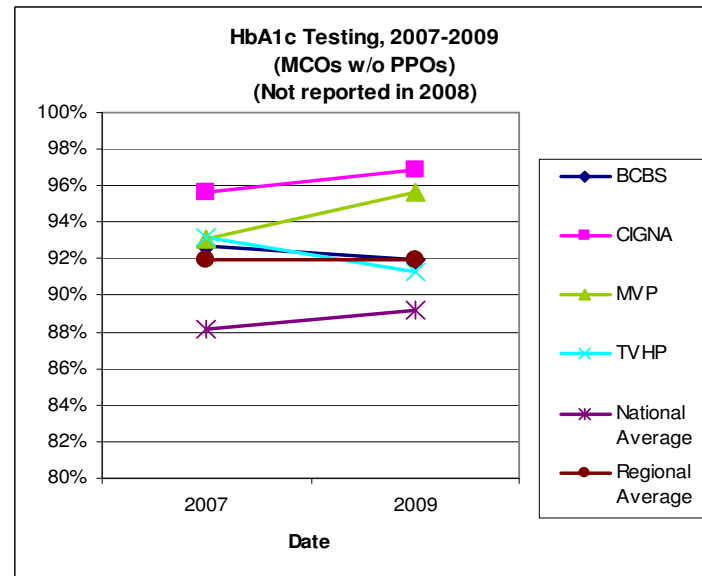
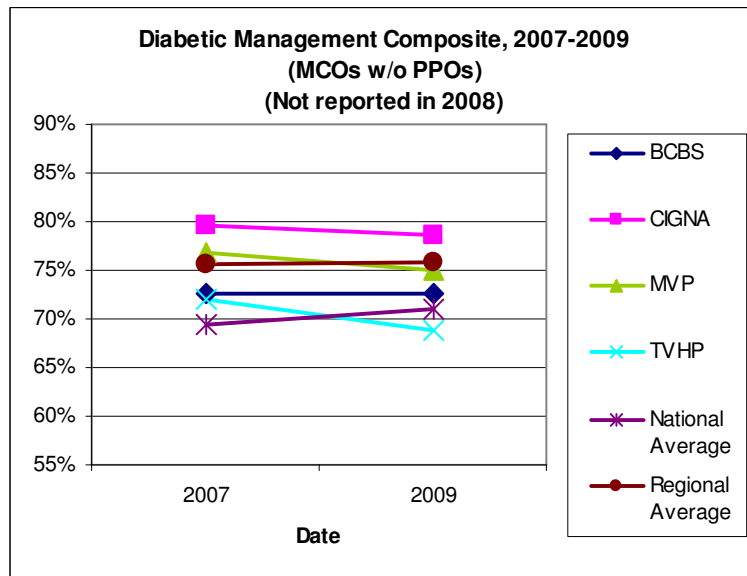
³² For this measure a low score is better. Performance that is better (lower) is distinguished by an up arrow for this measure, as with all other measures.

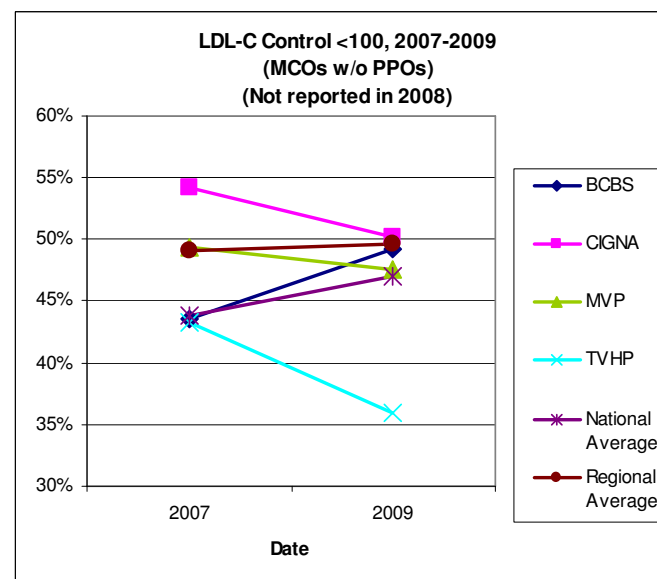
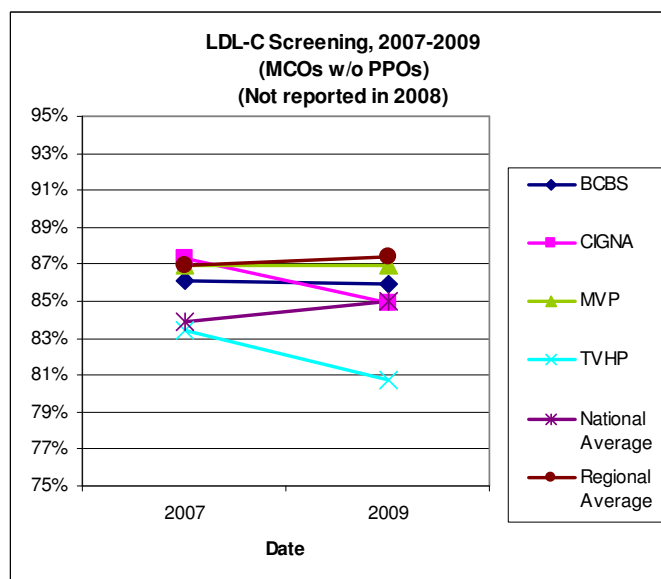
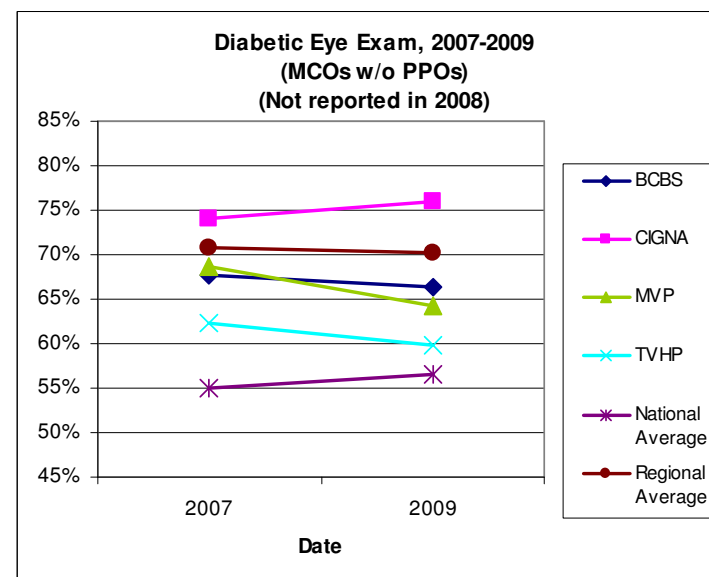
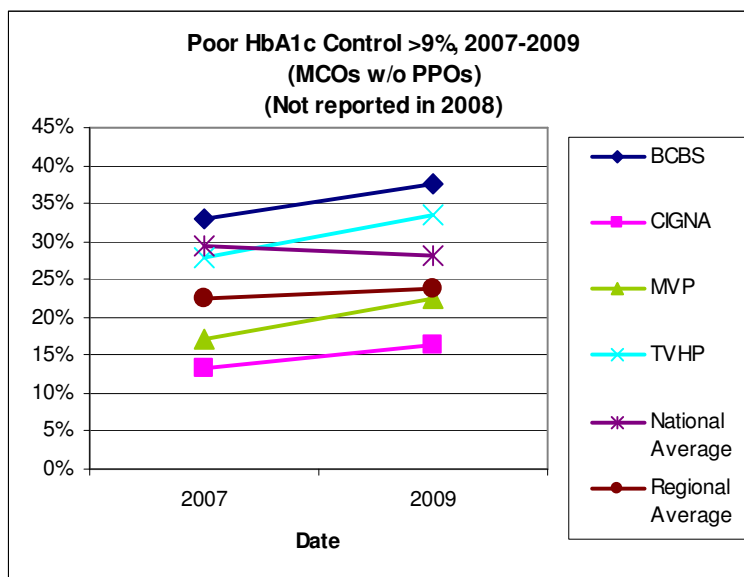
Comprehensive Diabetes Care, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO ³¹	MVP PPO	BCBS PPO	PPO Average
Diabetic Eye Exam	Plan Rate	66%	76%	64%	60%			49%	44%	60%	
	National Average	▲	▲	◎	◎	56%		▲	◎	▲	43%
	Regional Average	◎	▲	▼	▼	70%		▼	▼	◎	58%
	Improvement Opportunity			●	●			●	●		
	Change Over Time 2007-2009	◎	◎	◎	◎						
LDL-C Screening	Plan Rate	86%	85%	87%	81%			72%	79%	82%	
	National Average	◎	◎	◎	▼	85%		▼	◎	◎	79%
	Regional Average	◎	◎	◎	▼	87%		▼	▼	◎	85%
	Improvement Opportunity				●			●	●		
	Change Over Time 2007-2009	◎	◎	◎	◎						
LDL-C Level <100	Plan Rate	49% ³³	50%	48% ³⁴	36%			NR	NA	42%	
	National Average	◎	◎	◎	▼	47%		NA	NA	▲	37%
	Regional Average	◎	◎	◎	▼	50%		NA	NA	◎	43%
	Improvement Opportunity				●					●	
	Change Over Time 2007-2009	◎	◎	◎	▼						
Monitoring for Diabetic Nephropathy	Plan Rate	87%	86%	83%	84%			79%	74%	86%	
	National Average	◎	◎	◎	◎	83%		▲	▲	▲	70%
	Regional Average	◎	◎	◎	◎	85%		◎	▼	▲	79%
	Improvement Opportunity								●		
	Change Over Time 2007-2009	◎	◎	◎	◎						
Blood	Plan Rate	36%	41%	36%	35%			NR	NA	33%	
	National Average	◎	▲	◎	◎	34%		NA	NA	▲	24%

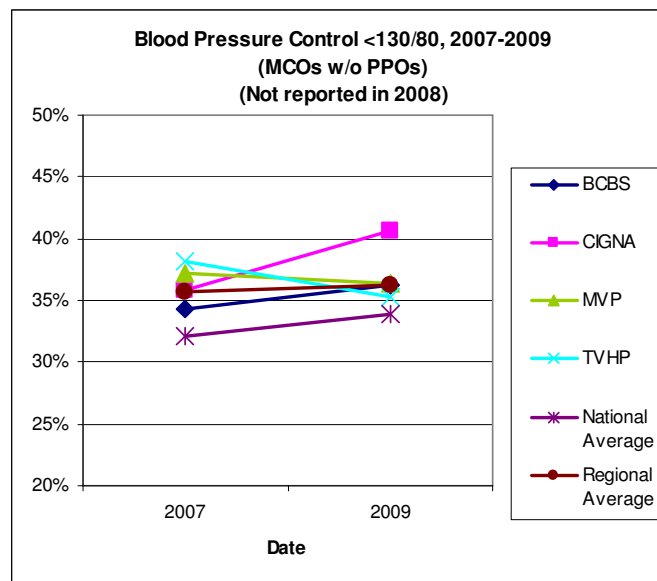
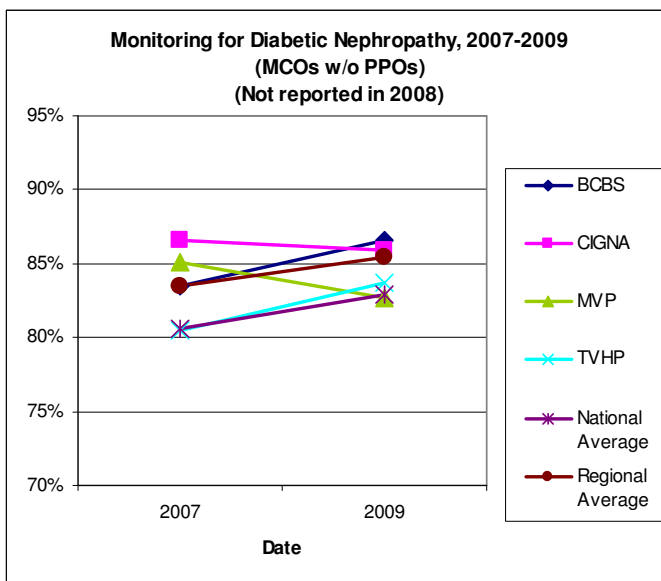
³³ Because the rate is not statistically and practically different than the regional average, and the regional average is 50%, this is not identified as an improvement opportunity.

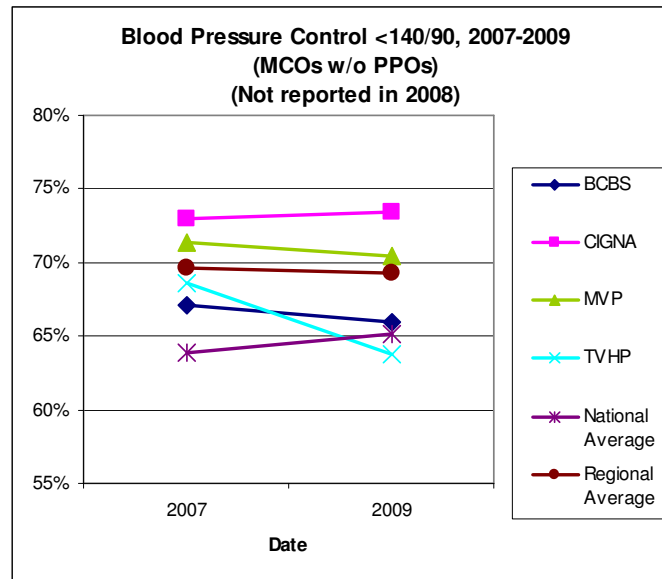
³⁴ Because the rate is not statistically and practically different than the regional average, and the regional average is 50%, this is not identified as an improvement opportunity.

Comprehensive Diabetes Care, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO ³¹	MVP PPO	BCBS PPO	PPO Average
Pressure Control <130/80	Regional Average	⊙	⊙	⊙	⊙	36%		NA	NA	⊙	31%
	Improvement Opportunity	●	●	●	●					●	
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						
Blood Pressure Control <140/90	Plan Rate	66%	73%	70%	64%			NR	NA	57%	
	National Average	⊙	▲	▲	⊙	65%		NA	NA	▲	46%
	Regional Average	⊙	⊙	⊙	▼	69%		NA	NA	⊙	62%
	Improvement Opportunity				●						
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						





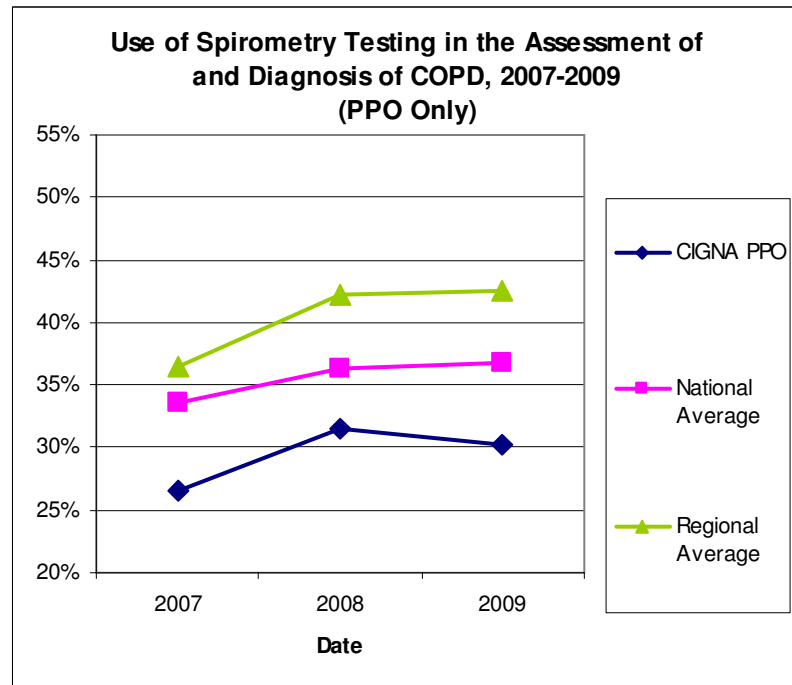
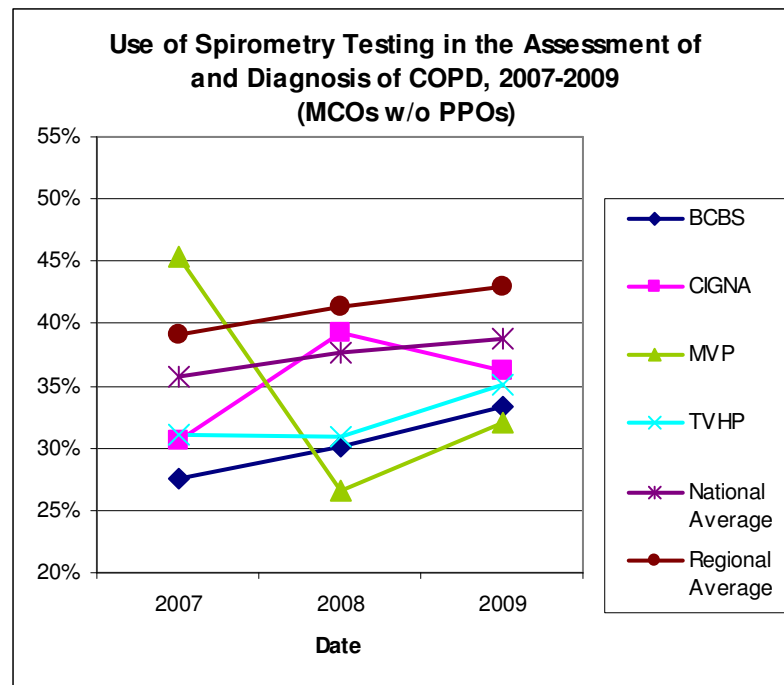




Use of Spirometry Testing in the Assessment and Diagnosis of COPD

This measure reports the percentage of members 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis.

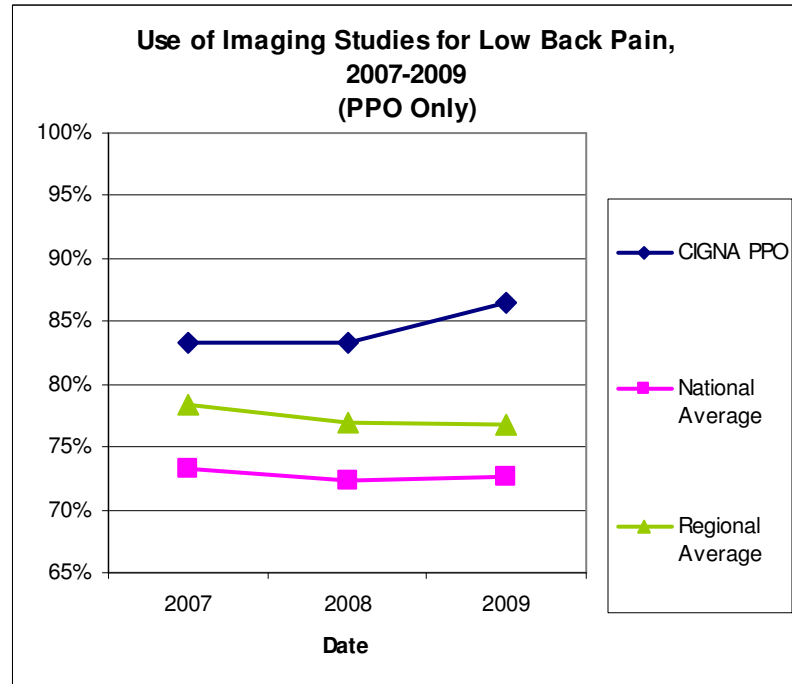
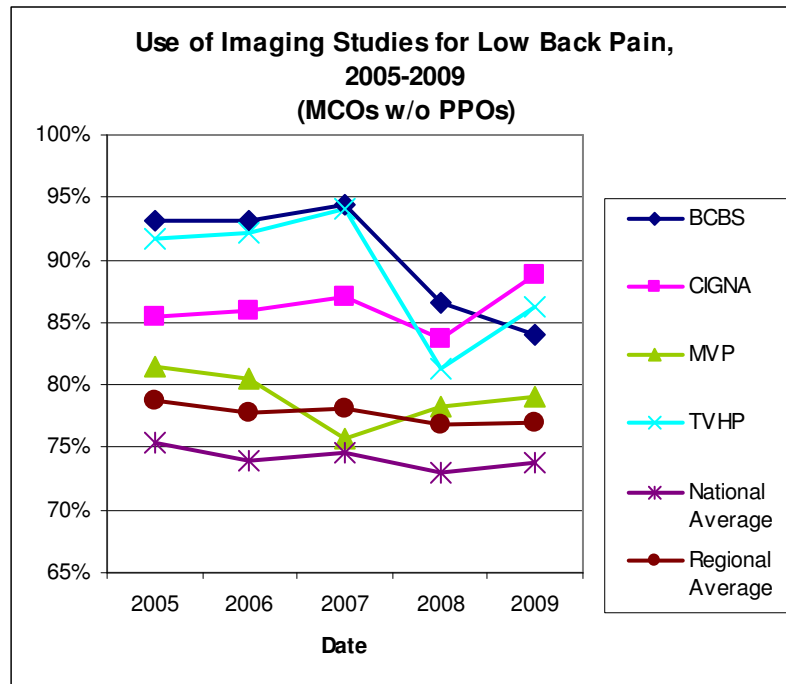
Use of Spirometry Testing in the Assessment and Diagnosis of COPD, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	33%	36%	32%	35%			30%	NA	33%	
National Average	⊙	⊙	⊙	⊙	39%		▼	NA	⊙	37%
Regional Average	▼	⊙	⊙	⊙	43%		▼	NA	⊙	43%
Improvement Opportunity	●	●	●	●			●		●	
Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			



Use of Imaging Studies for Low Back Pain

This measure assesses whether imaging studies (e.g., x-rays, MRIs, CT scans) are overused in evaluating patients with acute low back pain. In interpreting this measure, the higher the score, the more appropriately the imaging studies are being used.

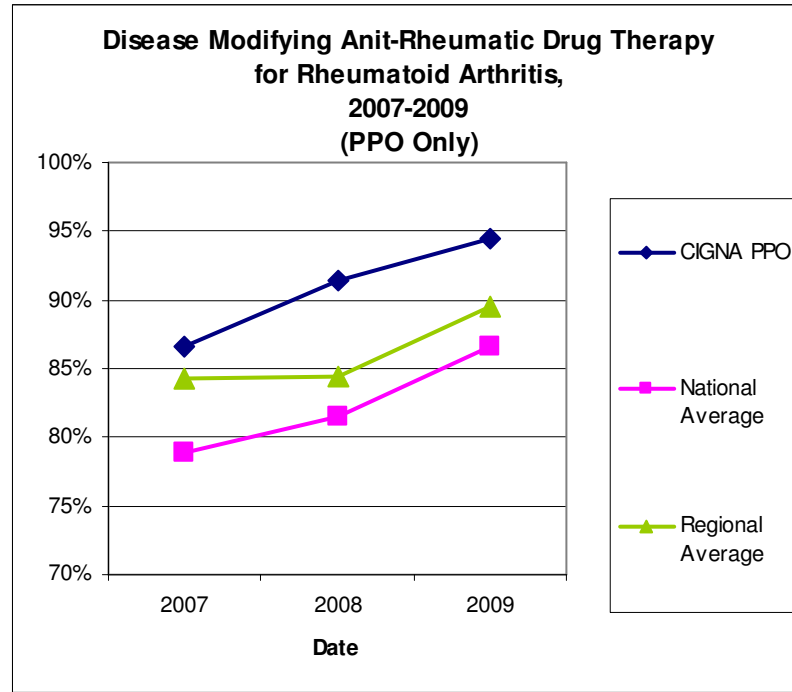
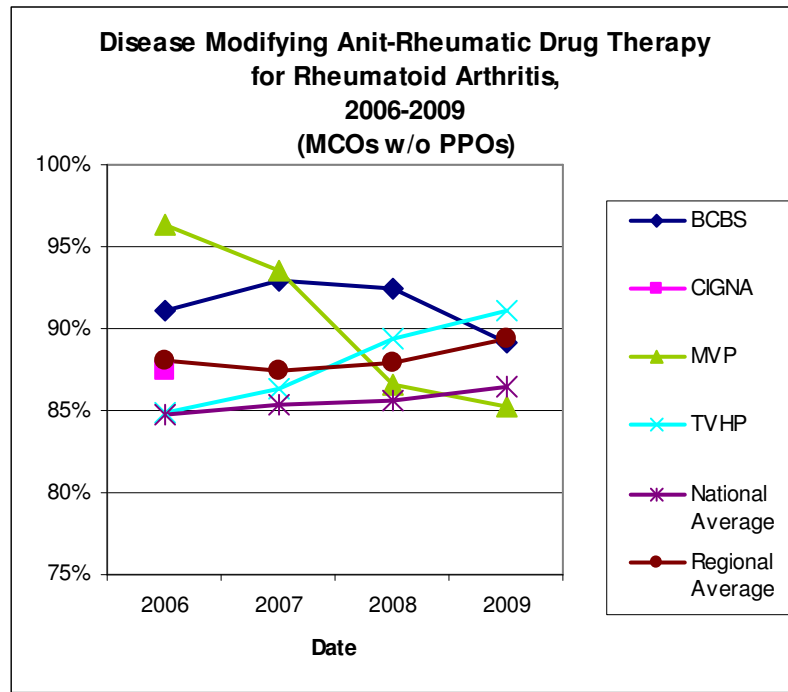
Use of Imaging Studies for Low Back Pain, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	84%	89%	79%	86%			86%	83%	83%	
National Average	▲	▲	⊙	▲	74%		▲	▲	▲	73%
Regional Average	▲	▲	⊙	▲	77%		▲	⊙	▲	77%
Change Over Time 2007-2009	▼	⊙	⊙	▼			⊙			



Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis

This measure assesses whether patients diagnosed with rheumatoid arthritis have had at least one outpatient prescription dispensed for a disease modifying anti-rheumatic drug. Disease modifying anti-rheumatic drugs can slow bone erosions, improve functional status and improve quality of life.

Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	89%	NA	85%	91%			94%	NA	93%	
National Average	⊙	NA	⊙	⊙	86%		⊙	NA	⊙	87%
Regional Average	⊙	NA	⊙	⊙	89%		⊙	NA	⊙	90%
Change Over Time 2007-2009	⊙	NA	⊙	⊙			⊙			



Annual Monitoring for Patients on Persistent Medications

Composite

This measure reports the percentage of members 18 years of age and older who received at least a 180-day supply of outpatient medication therapy for selected conditions and had at least one therapeutic monitoring of the medication during the year.³⁵ Regular monitoring and follow up is recommended for patients who take these medications to assess continued effectiveness and side-effects and adjust dosages accordingly.

Annual Monitoring for Patients on Persistent Medications: Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)

This measure reports the percentage of members receiving at least one six-month supply of ACE or ARB medications (drugs to treat high blood pressure) who were monitored by a doctor at least once in the measurement year.

Annual Monitoring for Patients on Persistent Medications: Anticonvulsants

This measure reports the percentage of members receiving at least one six-month supply of anticonvulsants (drugs used to control seizures) who were monitored by a doctor at least once during the measurement year.

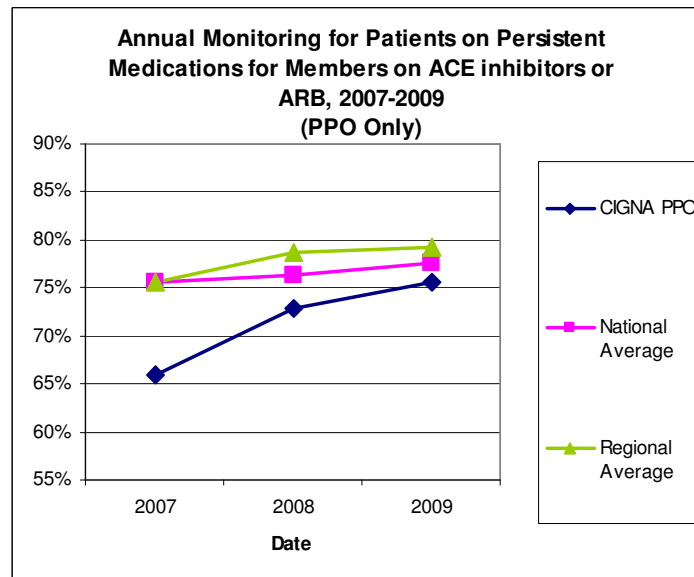
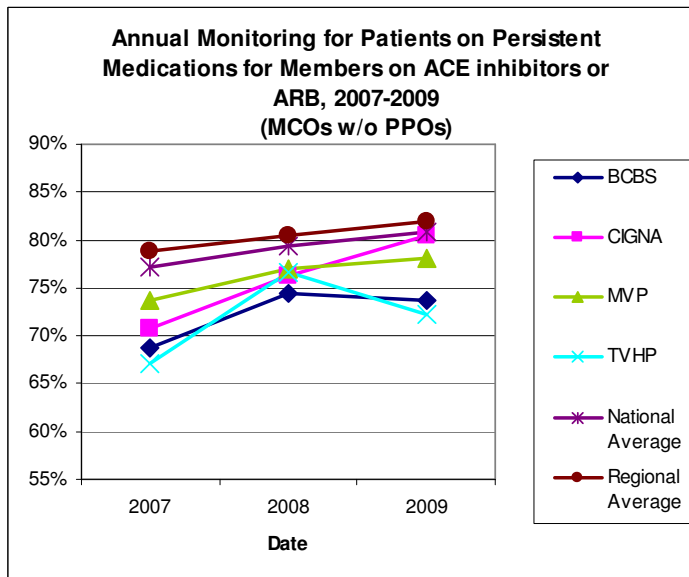
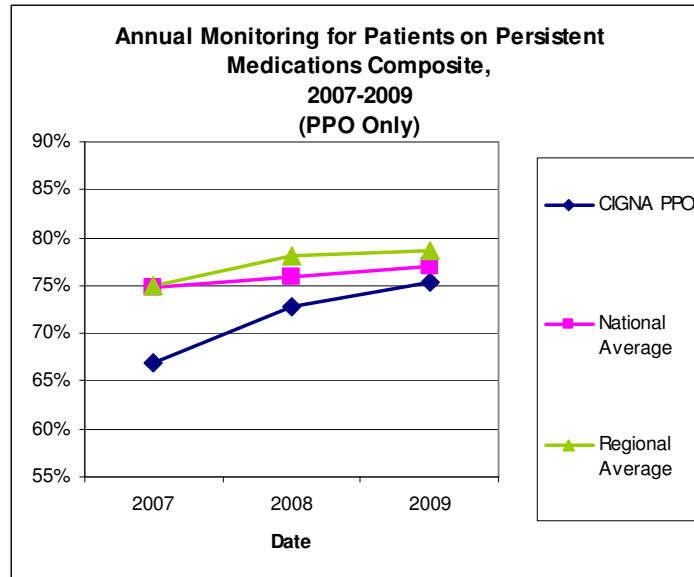
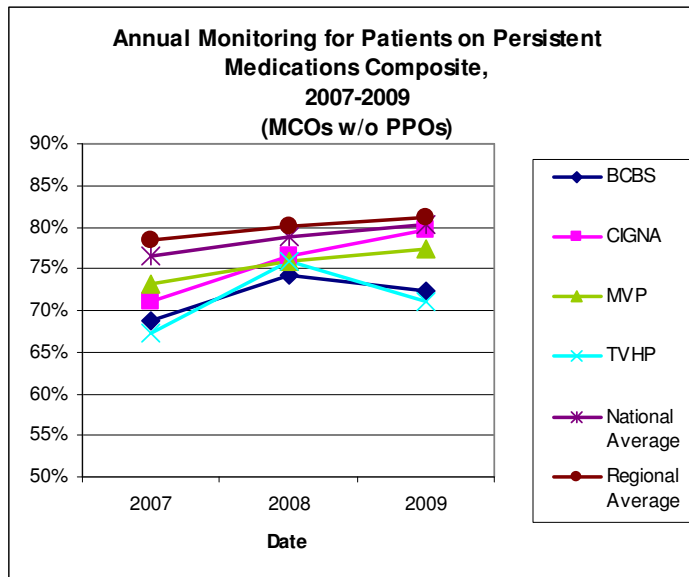
Annual Monitoring for Patients on Persistent Medications: Diuretics

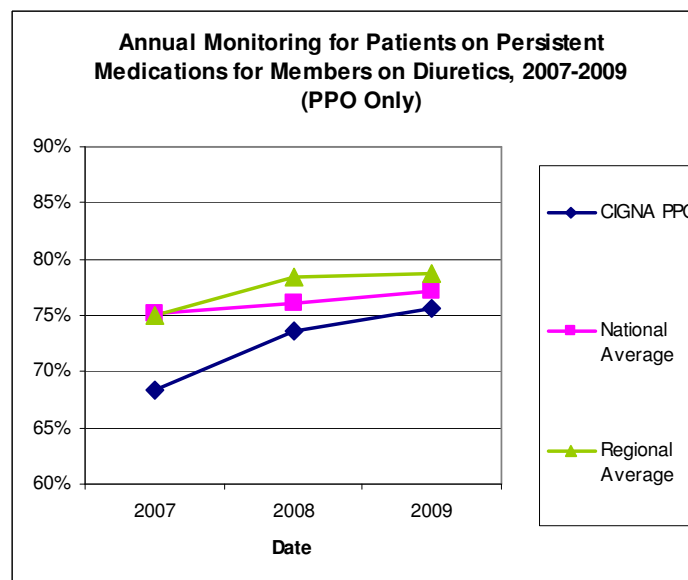
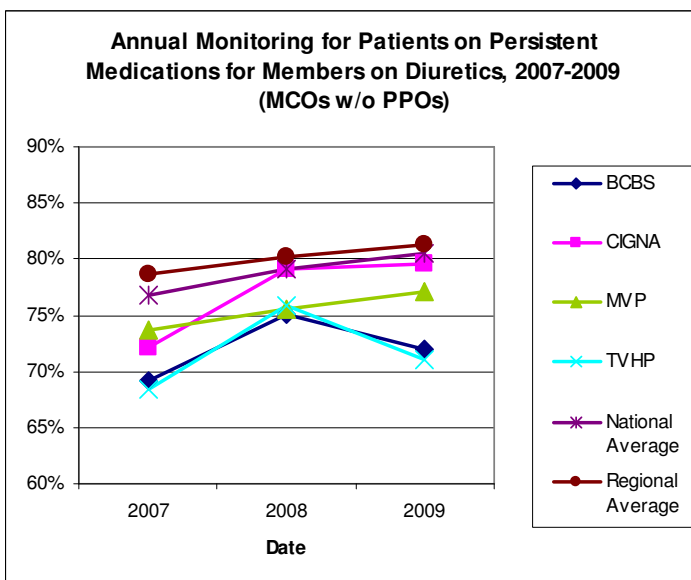
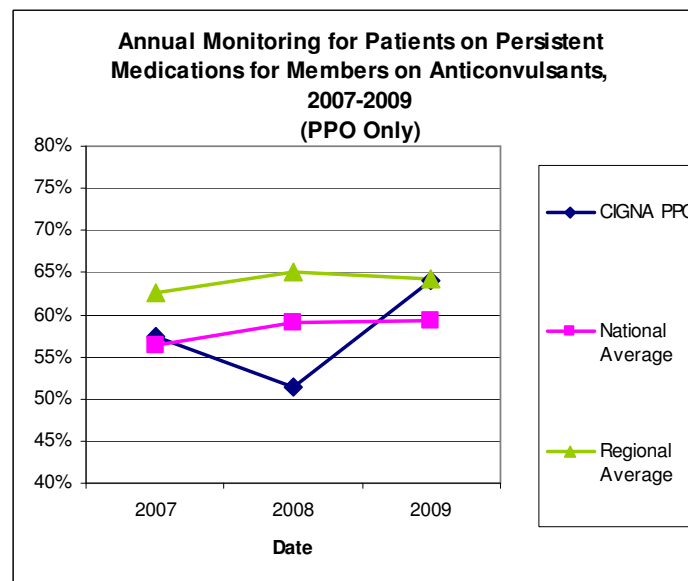
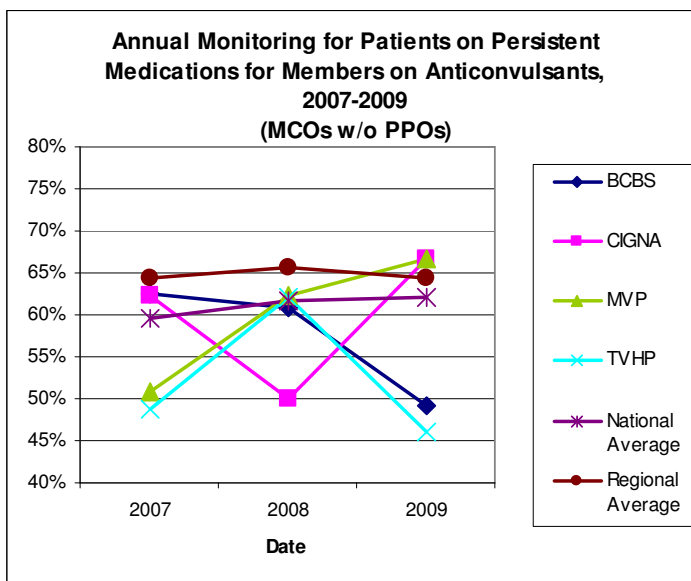
This measure reports the percentage of members receiving at least one six-month supply of diuretics (drugs used to control excess fluid in the body that can lead to high blood pressure or heart failure) who were monitored by a doctor at least once during the measurement year.

Annual Monitoring for Patients on Persistent Medications, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	72%	80%	77%	71%			75%	77%	70%	
	National Average	▼	⊙	⊙	▼	80%		⊙	⊙	▼	77%
	Regional Average	▼	⊙	⊙	▼	81%		⊙	⊙	▼	79%
	Improvement Opportunity	●			●					●	
	Change Over Time 2007-2009	▲	▲	▲	▲			▲			

³⁵ Data for Annual Monitoring for Patients on Digoxin is not displayed, but it is included in the composite. No MCO had a denominator of 30 or larger and so each would be reported as NA.

Annual Monitoring for Patients on Persistent Medications, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Angiotensin Converting Enzyme Inhibitors (ACE) or Angiotensin Receptor Blockers (ARB)	Plan Rate	74%	81%	78%	72%			76%	78%	71%	
	National Average	▼	⊙	⊙	▼	81%		⊙	⊙	▼	78%
	Regional Average	▼	⊙	⊙	▼	82%		⊙	⊙	▼	79%
	Improvement Opportunity	●			●					●	
	Change Over Time 2007-2009	▲	▲	▲	▲			▲			
Anticonvulsants	Plan Rate	49%	NA	67%	46%			64%	68%	54%	
	National Average	▼	NA	⊙	▼	62%		⊙	⊙	⊙	59%
	Regional Average	▼	NA	⊙	▼	64%		⊙	⊙	⊙	64%
	Improvement Opportunity	●			●						
	Change Over Time 2007-2009	▼		⊙	⊙			⊙			
Diuretics	Plan Rate	72%	80%	77%	71%			76%	77%	70%	
	National Average	▼	⊙	⊙	▼	80%		⊙	⊙	▼	77%
	Regional Average	▼	⊙	▼	▼	81%		⊙	⊙	▼	79%
	Improvement Opportunity	●		●	●					●	
	Change Over Time 2007-2009	⊙	▲	⊙	⊙			▲			





Cholesterol Management

Composite

This measure combines two measures regarding care of members after a cardiovascular event: Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening and LDL-C Level <100. Reducing cholesterol in patients with known heart disease is important, as treatment can reduce the risk of heart attack and stroke.

Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Screening

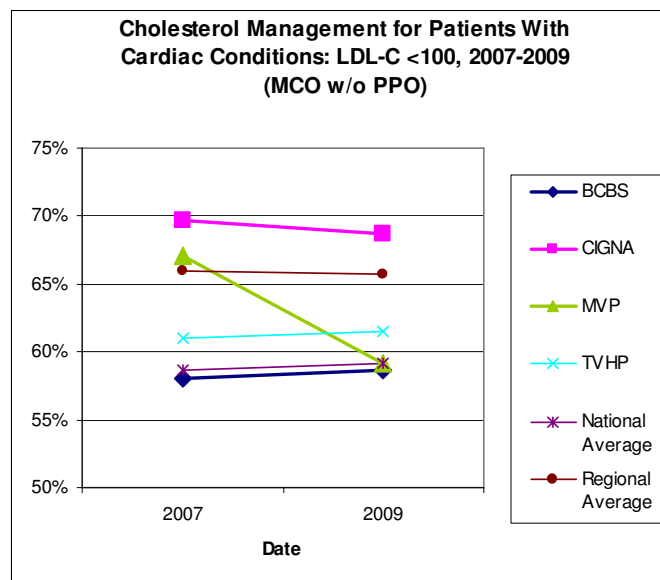
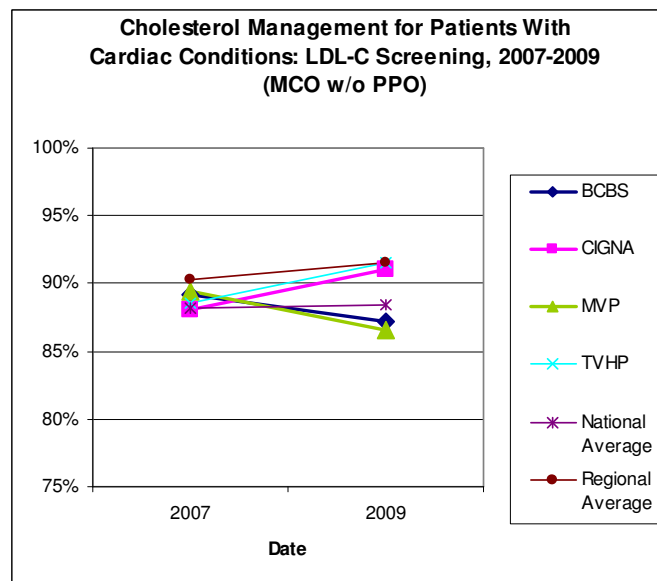
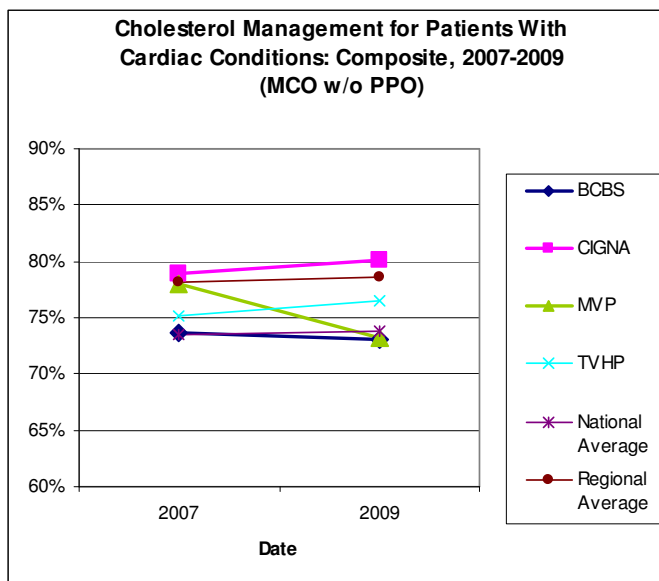
The percentage of members 18 to 75 years of age who were discharged with a cardiovascular condition and were screened for cholesterol during the measurement year.

Cholesterol Management for Patients With Cardiovascular Conditions: LDL-C Level <100

The percentage of members 18 to 75 years of age who were discharged with a cardiovascular condition and who have LDL levels less than 100 mg/dl.

Cholesterol Management for Patients With Cardiovascular Conditions, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	73%	80%	73%	77%			NR	NA	70%	
	National Average	⊙	▲	⊙	⊙	74%		NA	NA	▲	61%
	Regional Average	▼	⊙	⊙	⊙	79%		NA	NA	⊙	68%
	Improvement Opportunity	●									
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						
LDL-C Screening	Plan Rate	87%	91%	87%	92%			NR	NA	84%	
	National Average	⊙	⊙	⊙	⊙	88%		NA	NA	⊙	80%
	Regional Average	▼	⊙	▼	⊙	92%		NA	NA	⊙	87%
	Improvement Opportunity	●		●							
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						

Cholesterol Management for Patients With Cardiovascular Conditions, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
LDL-C Level <100	Plan Rate	59%	69%	59%	62%			NR	NA	56%	
	National Average	⊙	▲	⊙	⊙	59%		NA	NA	▲	42%
	Regional Average	▼	⊙	⊙	⊙	66%		NA	NA	⊙	49%
	Improvement Opportunity	●									
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙						



Caring for People with Mental Health and Substance Abuse Treatment Needs

NCQA has developed several measures in the last few years to assess the quality of care provided to members needing mental health and substance abuse services. These measures include:

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment;
- Antidepressant Medication Management;
- Follow-Up After Hospitalization for Mental Illness, and
- Follow-Up Care for Children Prescribed ADHD Medications.

When reviewing the tables on the pages that follow, please note that the symbols have the following meanings:

- ▲ = Better: means that the MCO's point-in-time score is better than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- ◎ = Similar: means that there is no significant difference between the MCO's point-in-time score and the national or regional average.
- ▼ = Worse: means that the MCO's point-in-time score is worse than the national or regional average by a statistically and practically significant amount; therefore, the difference cannot be explained by chance alone.
- = Improvement Opportunity: means that either 1) the MCO's point-in-time score is below the better of the national or regional average by a statistically and practically significant amount or 2) all rates (MCO, regional and national) are below 50%. Either of these conditions indicates an opportunity where the MCO can improve its performance.

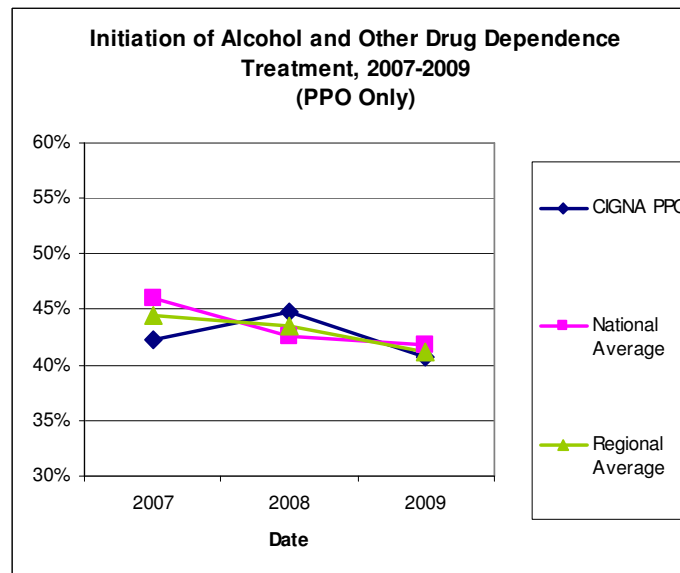
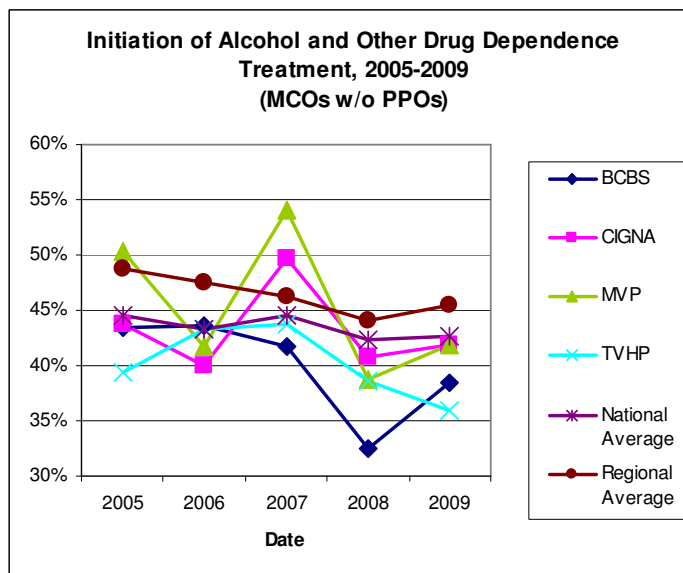
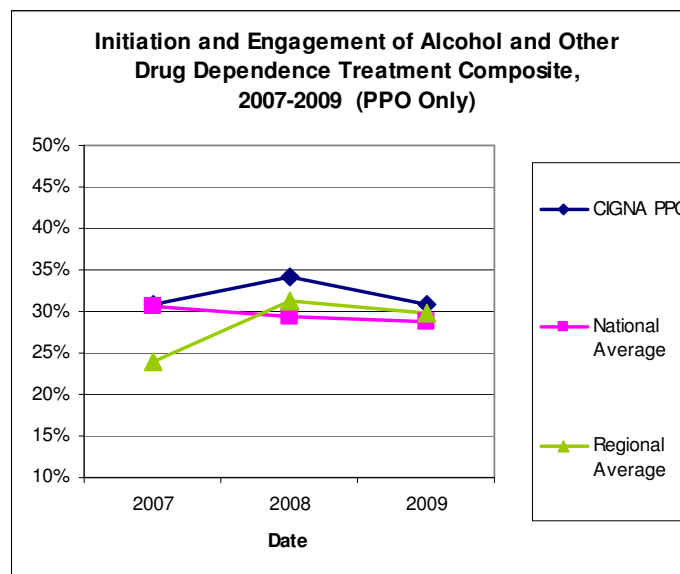
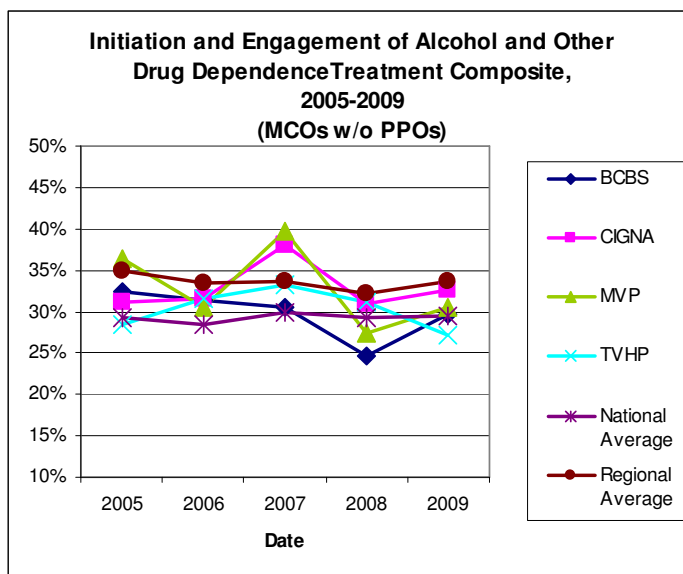
When reviewing the change-over-time evaluations, please note that the results are reported as follows:

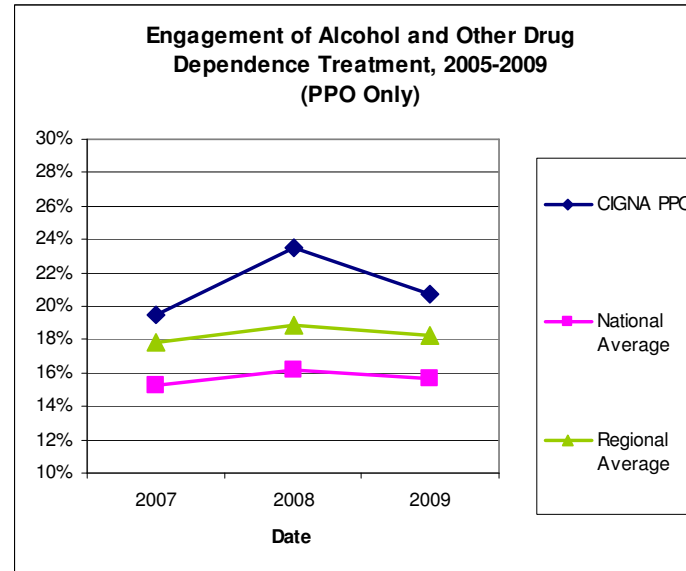
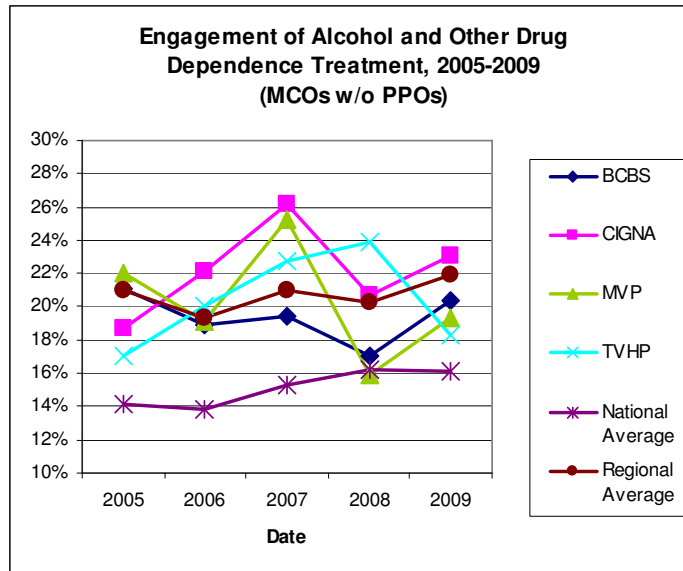
- ▲ = Better: means that the MCO's performance improved between the base year and the measurement year by an amount that is statistically significant; therefore, the improved performance cannot be explained by chance alone.
- ◎ = Similar: means that the MCO's performance in the base year was statistically no different from its performance in the measurement year.
- ▼ = Worse: means that the MCO's performance declined between the base year and the measurement year by an amount that is statistically significant; therefore, the decline in performance cannot be explained by chance alone.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

This measure looks at the combined percentages of adolescents and adults diagnosed with alcohol or other drug dependency who start alcohol or other drug dependency (AOD) treatment and who continue with treatment for at least 30 days after starting treatment. Initiation of treatment is defined either as an AOD inpatient admission, or two outpatient AOD treatments within 14 days of initial diagnosis. Continuation of treatment (engagement) means having two additional AOD treatments within 30 days. Continuation of treatment can improve outcomes for individuals with AOD disorders.

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	30%	33%	31%	27%			31%	33%	28%	
	National Average	⊙	⊙	⊙	⊙	29%		⊙	⊙	⊙	29%
	Regional Average	⊙	⊙	⊙	▼	34%		⊙	⊙	⊙	30%
	Improvement Opportunity	●	●	●	●			●	●	●	
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			
Initiation of Alcohol and Other Drug Dependence Treatment	Plan Rate	38%	42%	42%	36%			41%	45%	38%	
	National Average	⊙	⊙	⊙	▼	43%		⊙	⊙	⊙	42%
	Regional Average	▼	⊙	⊙	▼	45%		⊙	⊙	⊙	41%
	Improvement Opportunity	●	●	●	●			●	●	●	
	Change Over Time 2007-2009	⊙	⊙	▼	⊙			⊙			
Engagement of Alcohol and Other Drug Dependence Treatment	Plan Rate	20%	23%	19%	18%			21%	22%	18%	
	National Average	▲	▲	⊙	⊙	16%		▲	▲	⊙	16%
	Regional Average	⊙	⊙	⊙	⊙	22%		⊙	⊙	⊙	18%
	Improvement Opportunity	●	●	●	●			●	●	●	
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			





Anti-Depressant Medication Management

Composite

This composite assesses the overall performance level of each MCO with regard to anti-depressant medication management during the acute and continuation phases of treatment.

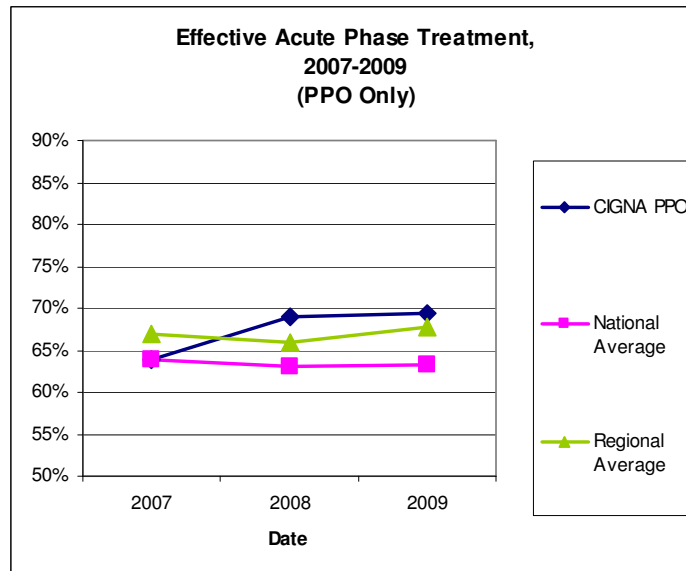
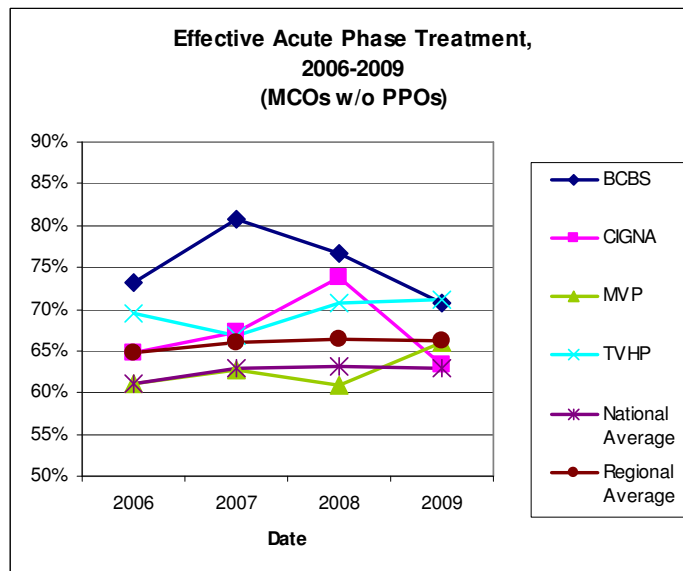
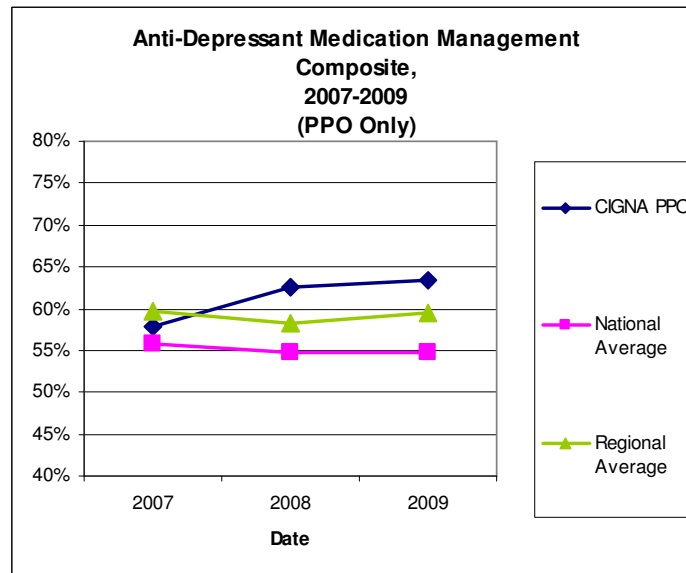
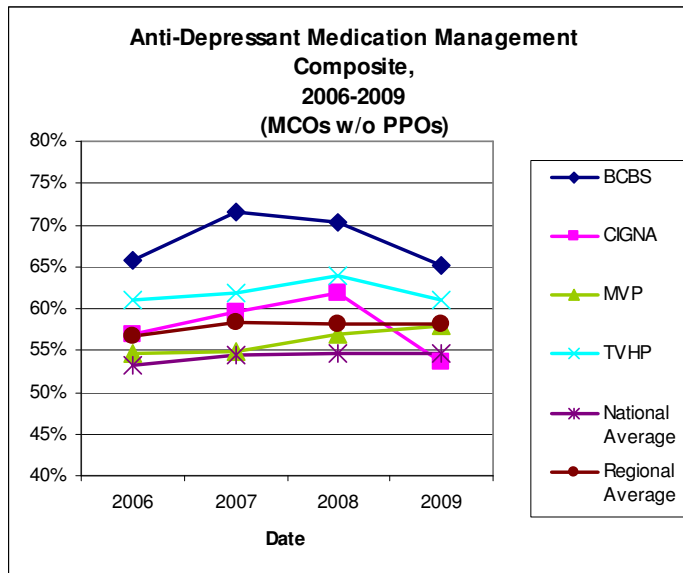
Anti-Depressant Medication Management: Effective Acute Phase Treatment

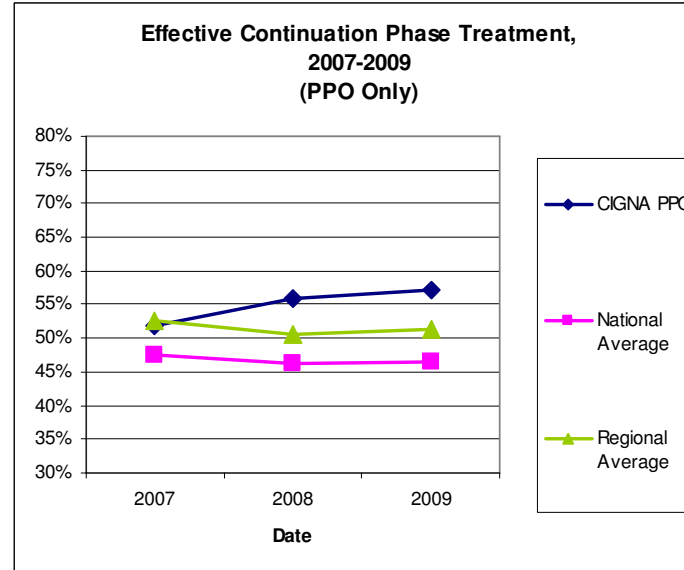
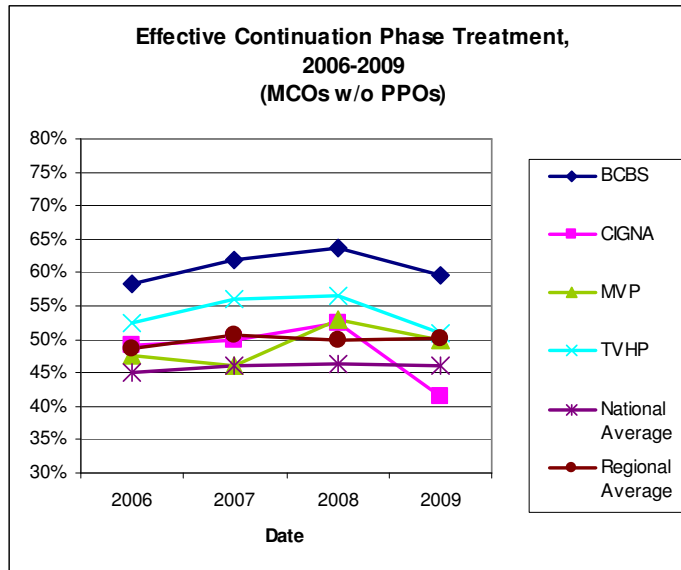
This measure reports the percentage of adults newly diagnosed with depression who were treated with anti-depressant medication and remained on an anti-depressant drug during the entire 12-week acute treatment phase.

Anti-Depressant Medication Management: Effective Continuation Phase Treatment

This measure reports the percentage of adults diagnosed with a new episode of depression who were treated with anti-depressant medication and who remained on an anti-depressant drug for at least 6 months.

Anti-Depressant Medication Management, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	65%	54%	58%	61%			63%	63%	63%	
	National Average	▲	⊙	⊙	⊙	55%		▲	⊙	▲	55%
	Regional Average	▲	⊙	⊙	⊙	58%		⊙	⊙	⊙	60%
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			
Effective Acute Phase Treatment	Plan Rate	71%	63%	66%	71%			69%	68%	70%	
	National Average	▲	⊙	⊙	▲	63%		⊙	⊙	⊙	63%
	Regional Average	⊙	⊙	⊙	⊙	66%		⊙	⊙	⊙	68%
	Change Over Time 2007-2009	▼	⊙	⊙	⊙			⊙			
Effective Continuation Phase Treatment	Plan Rate	60%	41%	50%	51%			57%	55%	56%	
	National Average	▲	⊙	⊙	⊙	46%		▲	⊙	▲	46%
	Regional Average	▲	⊙	⊙	⊙	50%		⊙	⊙	⊙	51%
	Change Over Time 2007-2009	⊙	⊙	⊙	⊙			⊙			





Follow-Up After Hospitalization for Mental Illness

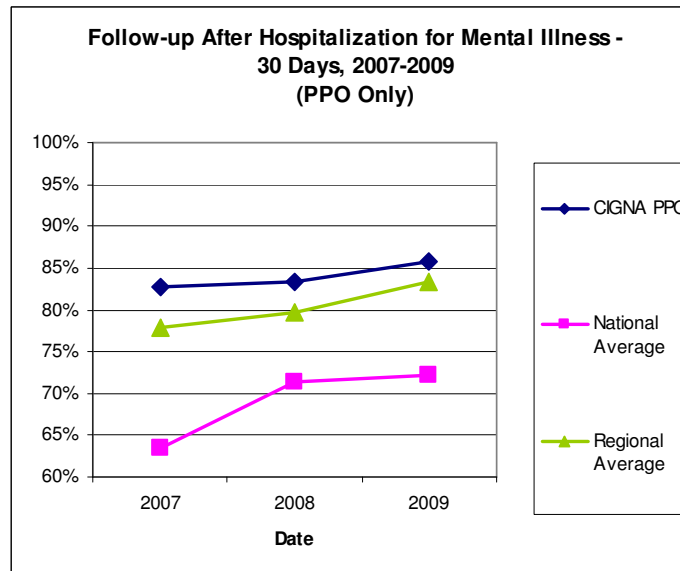
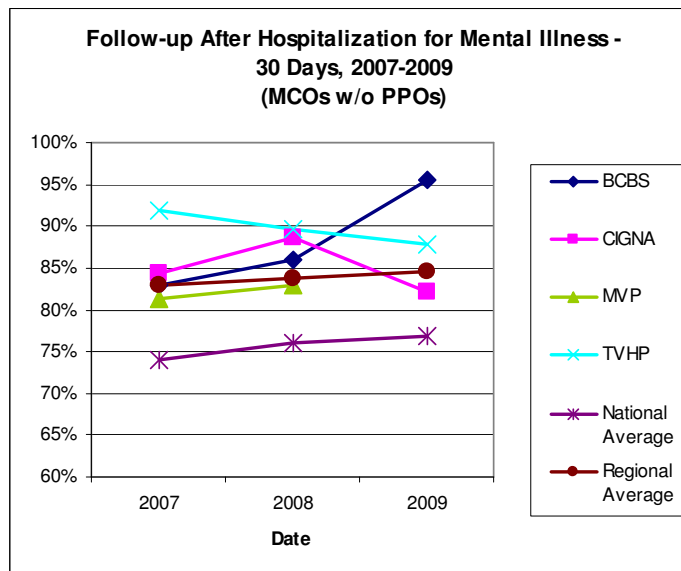
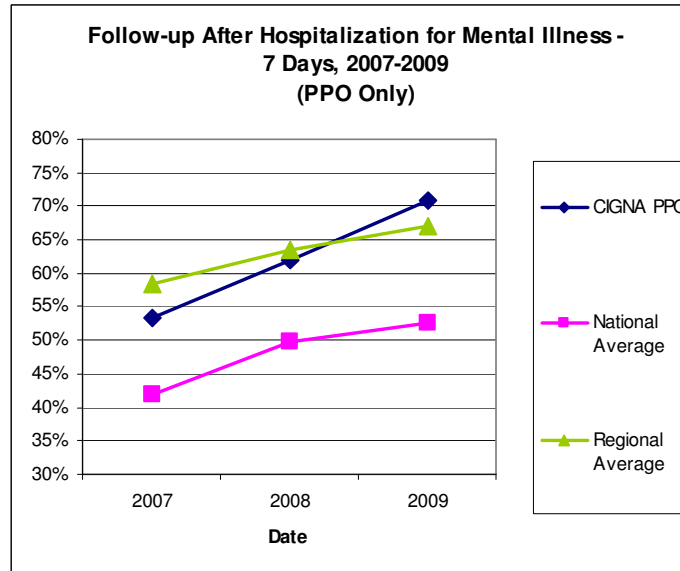
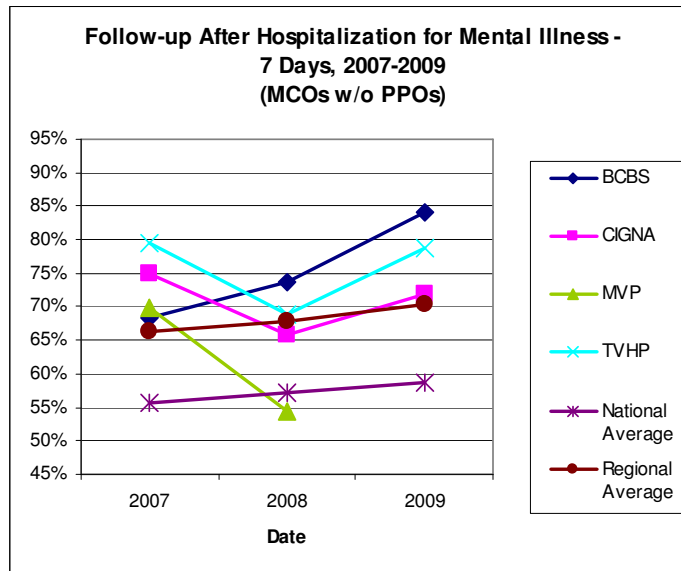
Within 7 Days

This measure reports the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and within 7 days of discharge were seen by a mental health provider either on an ambulatory basis or in an intermediate treatment facility.

Within 30 Days

This measure reports the percentage of members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and within 30 days of discharge were seen by a mental health provider either on an ambulatory basis or in an intermediate treatment facility.

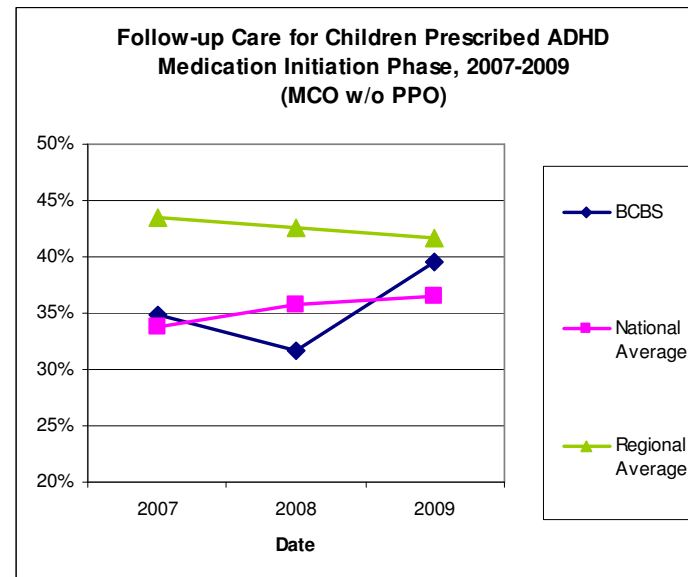
Follow-Up After Hospitalization for Mental Illness, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Within 7 Days	Plan Rate	84%	72%	NA	79%			71%	NA	78%	
	National Average	▲	◎	NA	▲	59%		▲	NA	▲	53%
	Regional Average	▲	◎	NA	◎	70%		◎	NA	◎	67%
	Change Over Time 2007-2009	◎	◎	NA	◎			▲			
Within 30 Days	Plan Rate	95%	82%	NA	88%			86%	NA	89%	
	National Average	▲	◎	NA	◎	77%		▲	NA	▲	72%
	Regional Average	◎	◎	NA	◎	85%		◎	NA	◎	83%
	Change Over Time 2007-2009	▲	◎	NA	◎			◎			



Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase

This measure assesses the percentage of children ages 6 through 12 years who were prescribed and dispensed an ADHD prescription drug and who had one follow-up visit within 30 days of the initial prescription fill date.

Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase, 2009										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO ³⁶	MVP PPO	BCBS PPO	PPO Average
Plan Rate	40%	NA	NA	NA			51%	NA	NA	
National Average	⊙	NA	NA	NA	37%		▲	NA	NA	35%
Regional Average	⊙	NA	NA	NA	42%		⊙	NA	NA	44%
Improvement Opportunity	●						●			
Change Over Time 2007-2009	⊙	NA	NA	NA			NA			



³⁶ Even though the MCO rate is above 50% it is not statistically different than the average which is below 50% and therefore it is an improvement opportunity.

Member Experience

Non-MBHOs (BCBS, CIGNA, CIGNA PPO, MVP, MVP PPO, TVHP, and BCBS PPO) are required to report the results of a member experience of care and service survey for their adult commercial population. The Department requires that the survey be administered according to NCQA CAHPS® 4.0H protocols and by an NCQA-certified vendor. This section of the report discusses the survey results with regard to selected measures. The analysis looks at the percentage of members that were satisfied with MCO performance.

Change over time is also examined to identify whether performance has improved, stayed the same, or declined. Change over time is measured by determining if there was statistically significant change in performance between two points in time: a base measurement year (2008) and the most recent measurement year (2010).

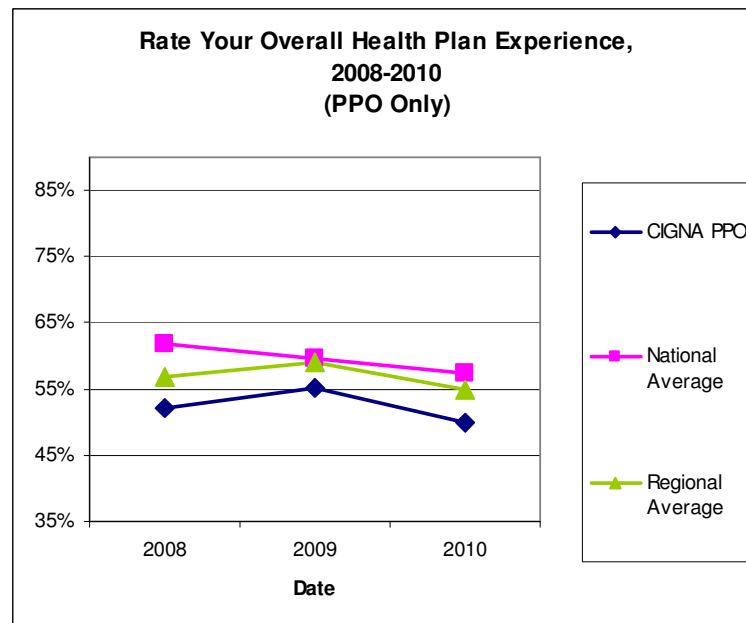
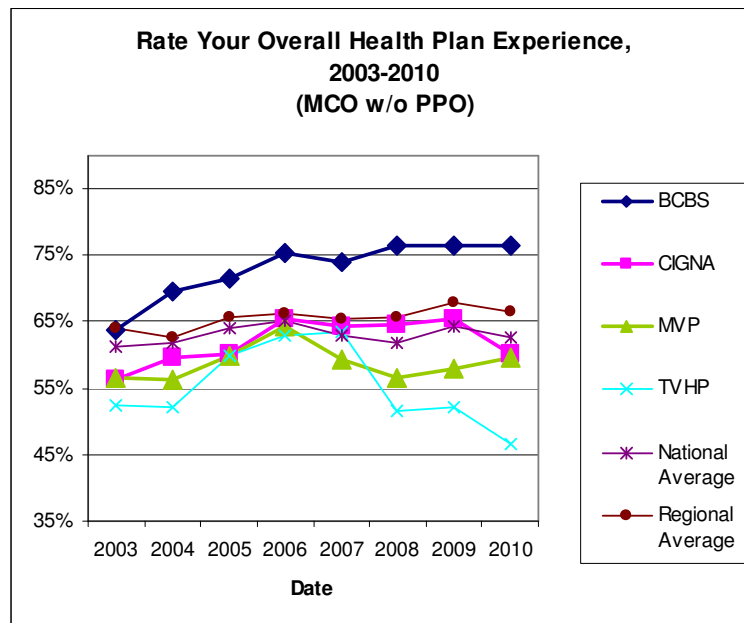
Survey Response Rate and Characteristics of Respondents

Survey Response Rate and Characteristics of Respondents, 2010							
	BCBS	CIGNA	MVP	TVHP	CIGNA PPO	MVP PPO	BCBS PPO
Response Rate	52%	20%	40%	39%	36%	43%	48%
% of Respondents Who Were Female	66%	53%	61%	57%	51%	56%	61%
% of Respondents Between 25 – 64 Years of Age	89%	92%	91%	92%	78%	92%	87%
% With High School Diploma or Less	16%	22%	31%	31%	33%	37%	32%
% With 4-Year College Degree or More	65%	49%	40%	42%	37%	30%	38%
% Who Rate Their Overall Health as ‘Excellent’ or ‘Very Good’	72%	67%	64%	62%	60%	64%	60%
% With a Person They Think of As Their Personal MD	95%	94%	95%	93%	91%	89%	89%

Rate Your Overall Health Plan Experience

This measure reports members' overall satisfaction with their MCO and is commonly seen as the key gauge of how satisfied members are with their specific managed care organization. These rates represent the percent of members responding with an 8,9, or 10 to the question, "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?"

Rate Your Overall Health Plan Experience, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	77%	60%	60%	46%			50%	49%	50%	
National Average	▲	◎	◎	▼	63%		▼	▼	▼	57%
Regional Average	▲	▼	▼	▼	67%		▼	▼	▼	55%
Improvement Opportunity		●	●	●			●	●	●	
Change Over Time 2008-2010	◎	◎	◎	◎			◎			



Call Answering and Call Abandonment

It should be noted that these are not CAHPS®, but rather HEDIS® measures using administrative MCO data. These measures are included in this section of the report because they relate to customer service.

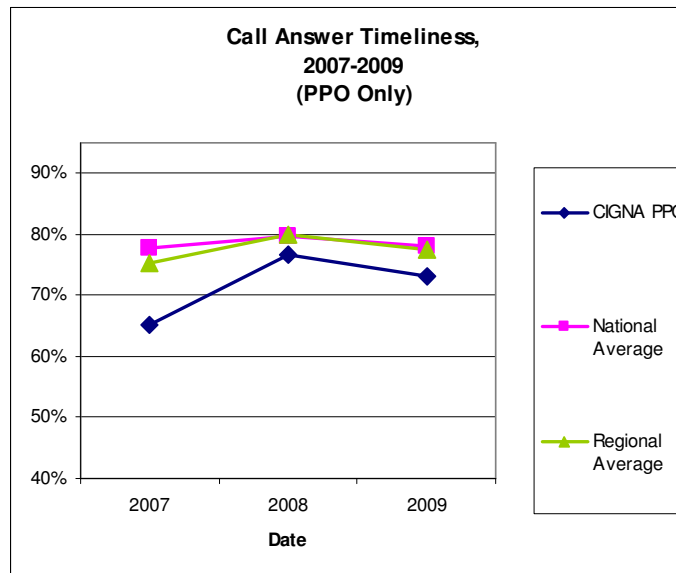
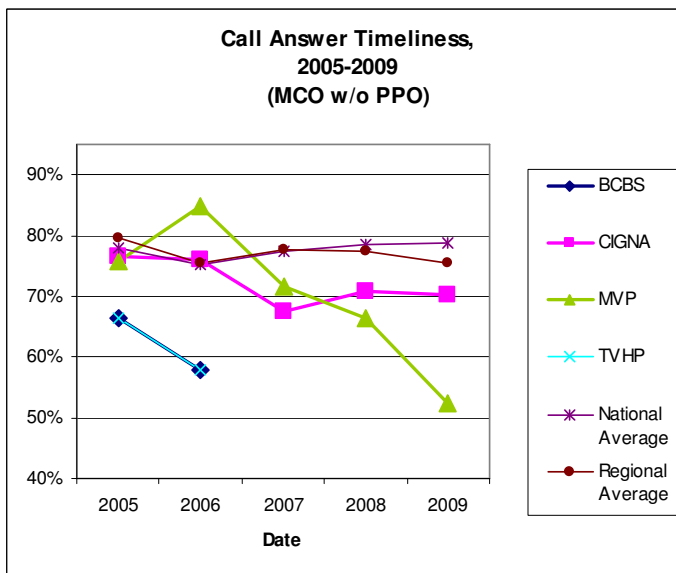
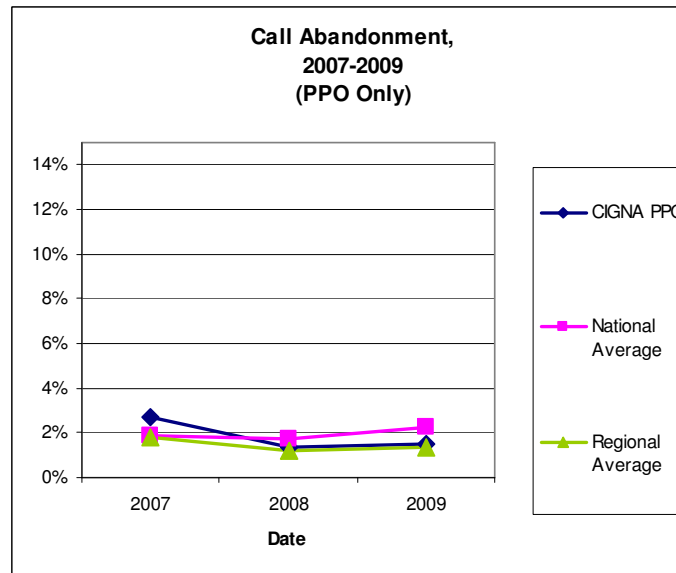
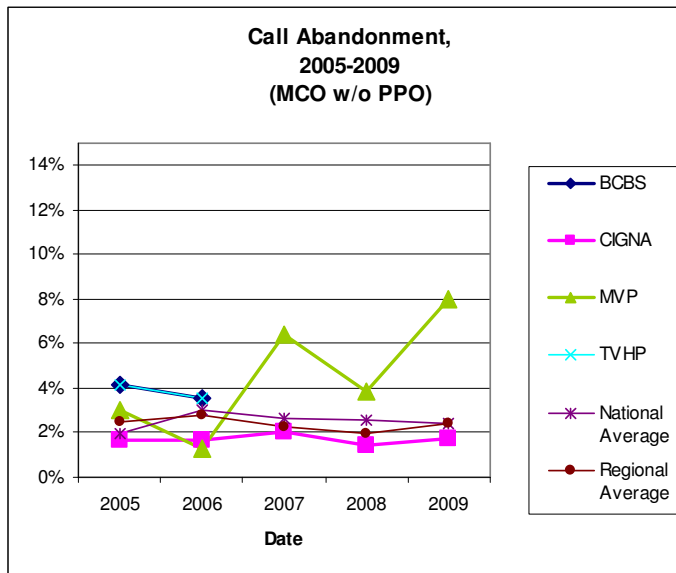
Call Abandonment

This measure reports the percentage of callers who hung up before their call was answered by a live person.

Call Answer Timeliness

This measure reports the percentage of calls answered by a live person within 30 seconds.

Call Abandonment and Call Answer Timeliness, 2009											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Call Abandonment	Plan Rate	FTR	2%	8%	FTR			1%	8%	FTR	
	National Average	NA	▲	▼	NA	2%		◎	▼	NA	2%
	Regional Average	NA	▲	▼	NA	2%		◎	▼	NA	1%
	Improvement Opportunity			●							
	Change Over Time 2007-2009	NA	▲	▼	NA			▲			
Call Answer Timeliness	Plan Rate	FTR	70%	52%	FTR			73%	52%	FTR	
	National Average	NA	▼	▼	NA	79%		◎	▼	NA	78%
	Regional Average	NA	▼	▼	NA	76%		◎	▼	NA	78%
	Improvement Opportunity		●	●							
	Change Over Time 2007-2009	NA	▲	▼	NA			▲			



Customer Service: Composite and Individual Measures

Composite

NCQA combines the MCOs' rates from four CAHPS® questions to create a 'Customer Service' Composite measure:

How often did Customer Service staff treat you with courtesy or respect?

This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?"

How often did the written materials or the Internet provide the information you needed about how your health plan works?

This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?"

How often did your health plan's Customer Service give you the information or help you needed?

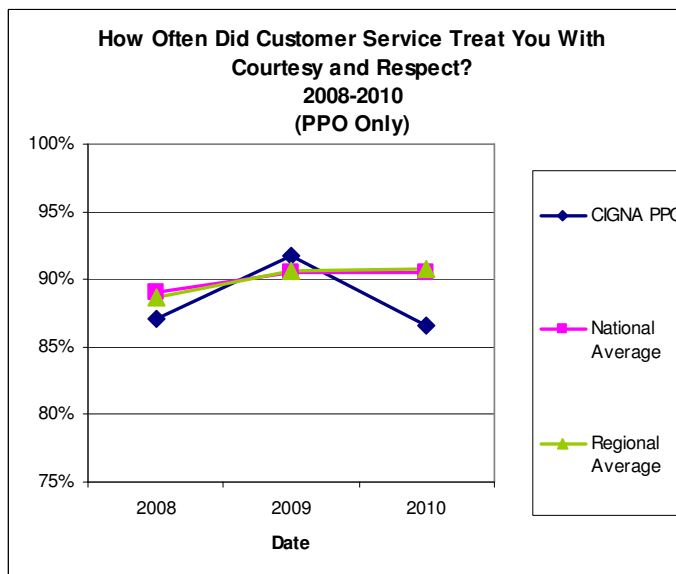
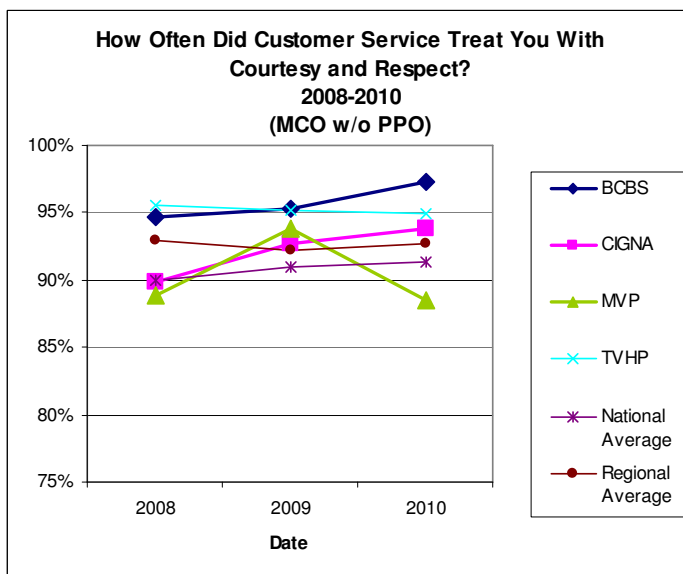
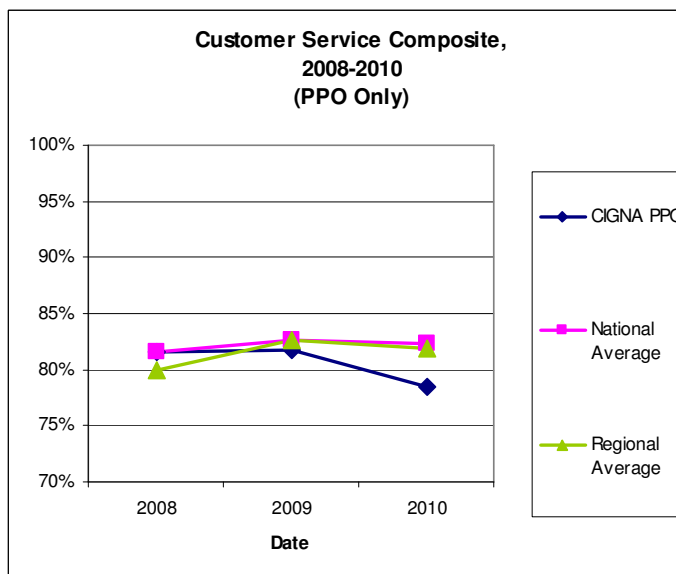
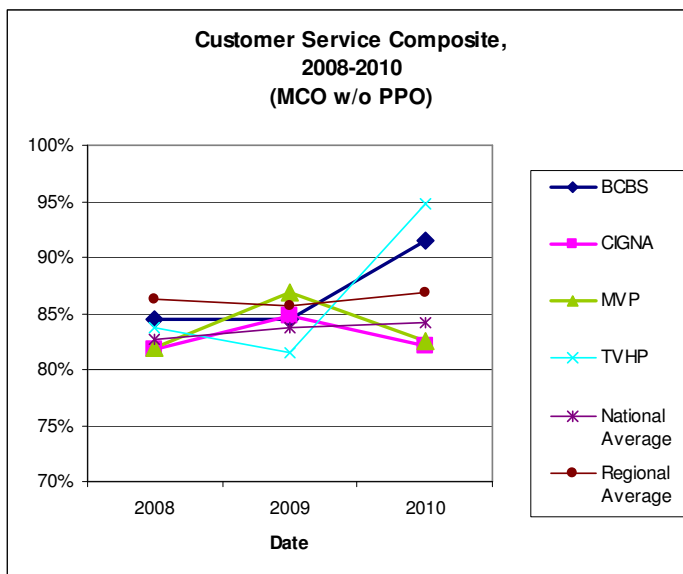
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often did your health plan's customer service give you the information or help you needed?"

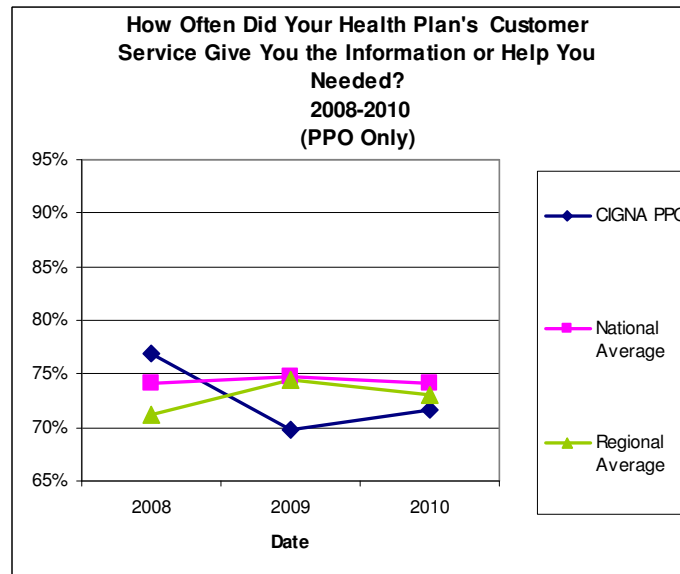
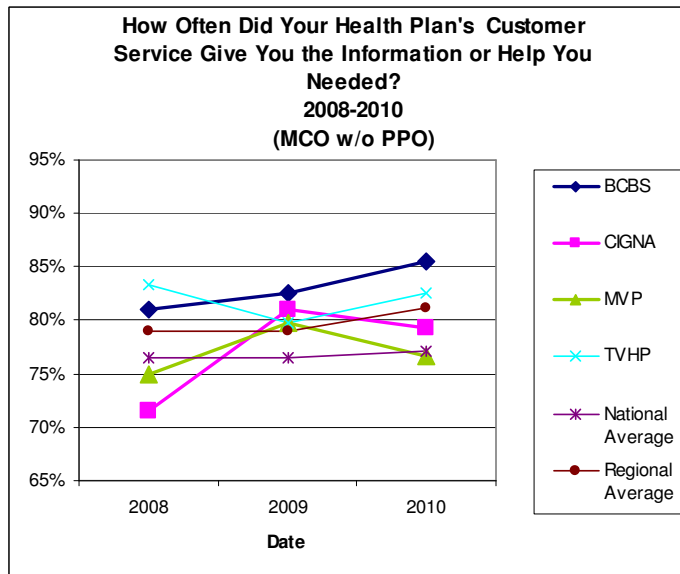
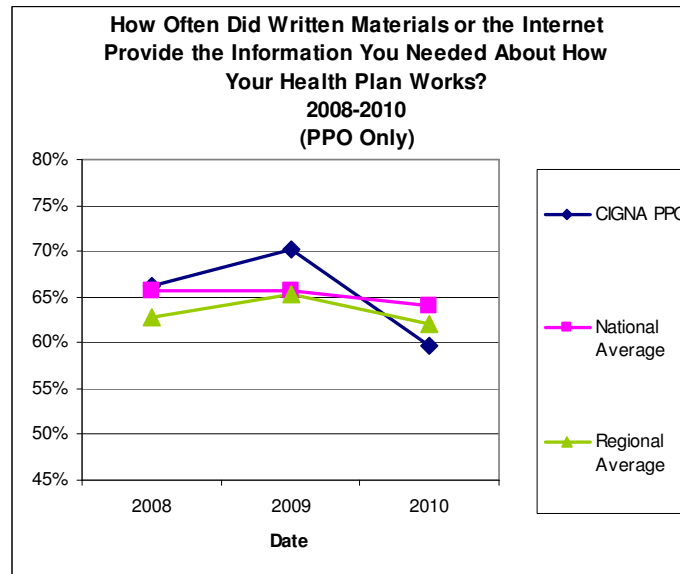
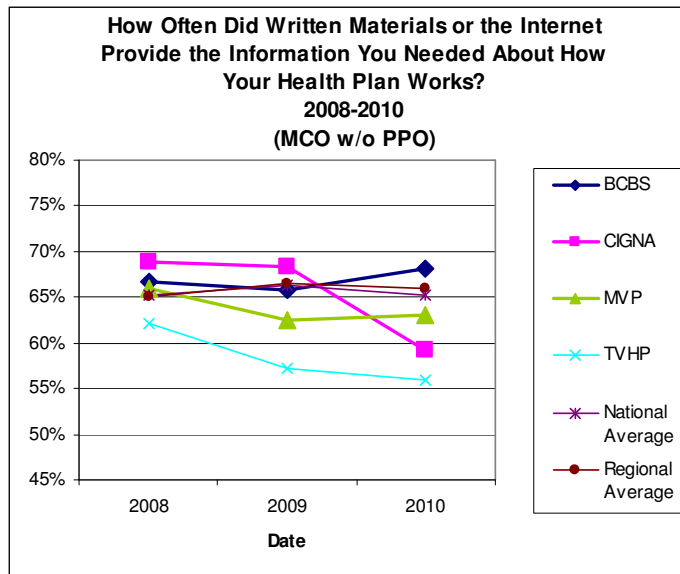
How often were the forms from your health plan easy to fill out?

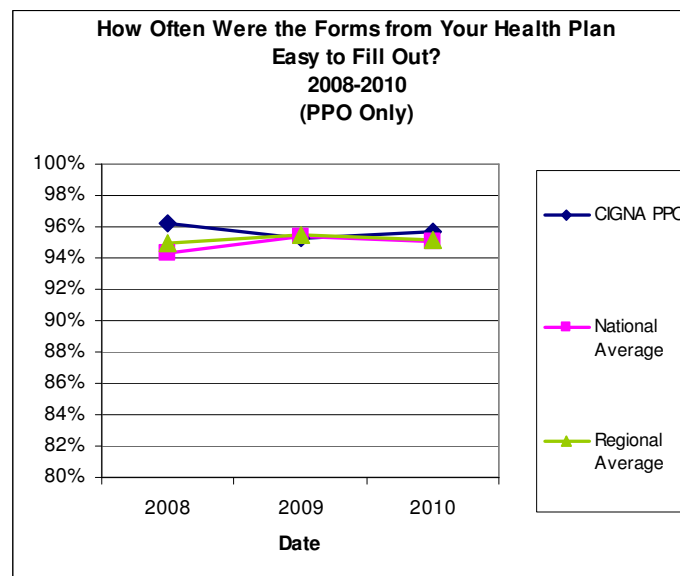
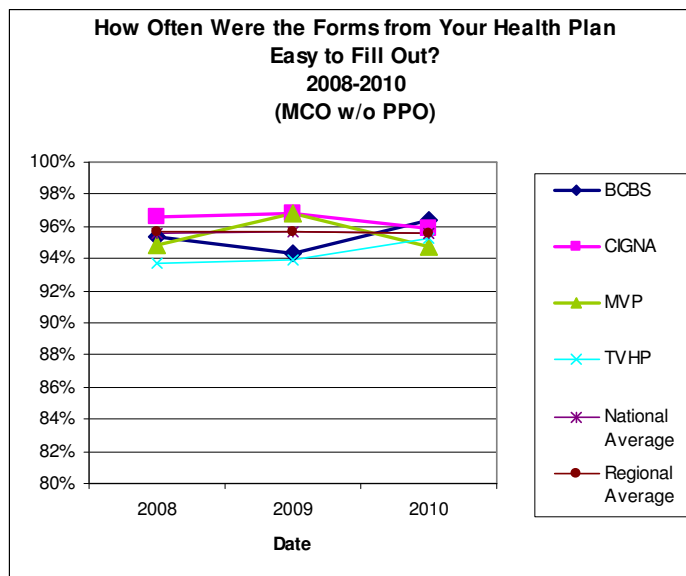
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often were the forms from your health plan easy to fill out?"

Customer Service: Composite and Individual Measures, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	91%	82%	83%	95%			78%	82%	86%	
	National Average	▲	◎	◎	▲	84%		◎	◎	◎	82%
	Regional Average	▲	▼	▼	▲	87%		◎	◎	▲	82%
	Improvement Opportunity		●	●							
	Change Over Time 2008-2010	▲	◎	◎	▲			◎			
How often did Customer	Plan Rate	97%	94%	88%	95%			87%	88%	95%	
	National Average	▲	◎	◎	◎	91%		◎	◎	▲	91%

Customer Service: Composite and Individual Measures, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Service staff treat you with courtesy or respect?	Regional Average	▲	⊙	⊙	⊙	93%		⊙	⊙	▲	91%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
How often did the written materials or the Internet provide the information you needed about how your health plan works?	Plan Rate	68%	59%	63%	56%			60%	55%	65%	
	National Average	⊙	⊙	⊙	▼	65%		⊙	⊙	⊙	64%
	Regional Average	⊙	⊙	⊙	▼	66%		⊙	▼	⊙	62%
	Improvement Opportunity				●				●		
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
How often did your health plan's Customer Service give you the information or help you needed?	Plan Rate	86%	79%	77%	83%			72%	77%	78%	
	National Average	▲	⊙	⊙	⊙	77%		⊙	⊙	⊙	74%
	Regional Average	⊙	⊙	⊙	⊙	81%		⊙	⊙	⊙	73%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
How often were the forms from your health plan easy to fill out?	Plan Rate	96%	96%	95%	95%			96%	96%	95%	
	National Average	⊙	⊙	⊙	⊙	96%		⊙	⊙	⊙	95%
	Regional Average	⊙	⊙	⊙	⊙	96%		⊙	⊙	⊙	95%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			







Claims Processing: Composite and Individual Measures

Composite

NCQA measures both the timeliness and the accuracy of the MCO's claims payment function in this composite. Poor handling of claims can be costly to the member and the health care provider both in terms of dollars and time spent on follow-up and resolution.

Claims Processing is Timely

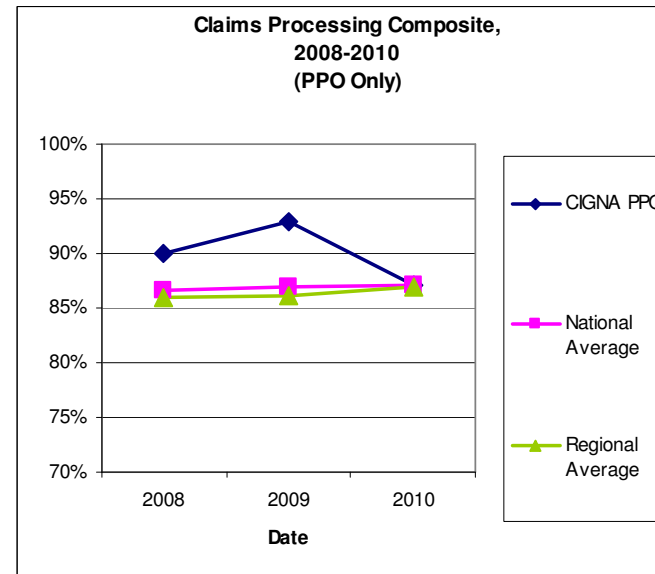
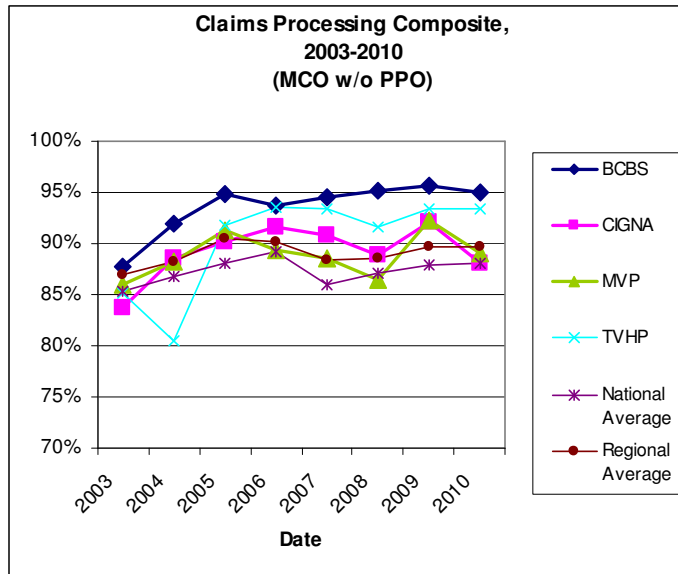
This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims quickly?"

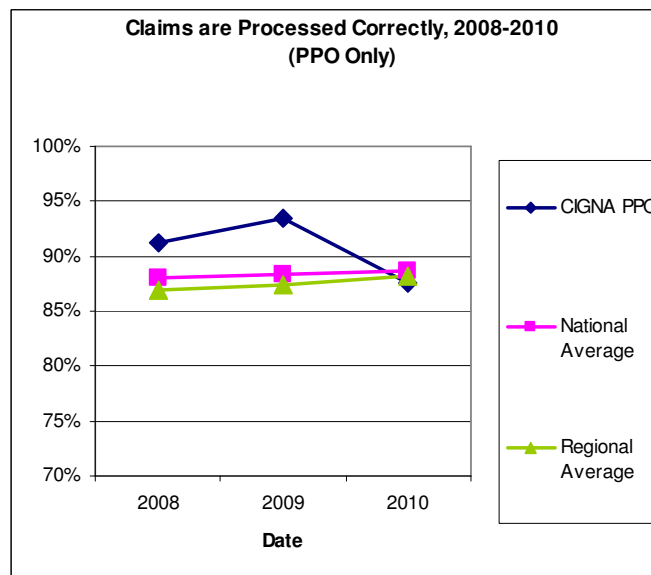
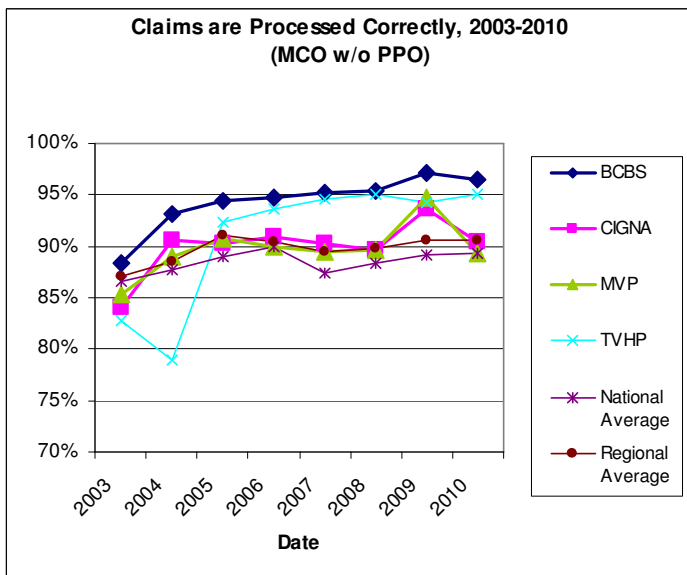
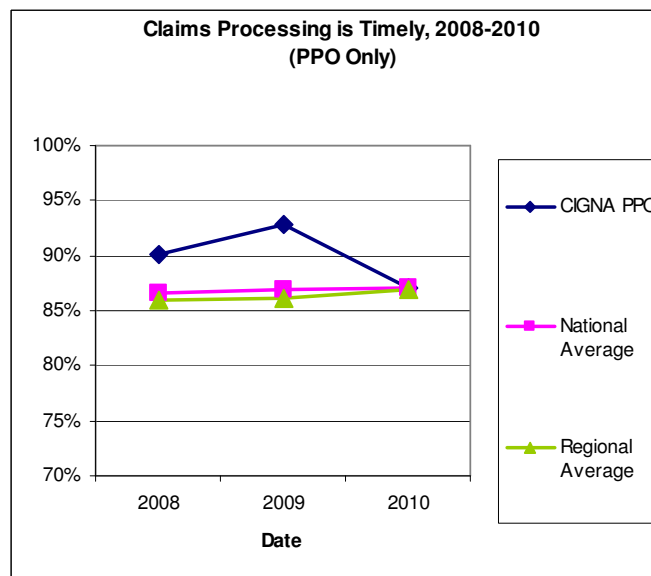
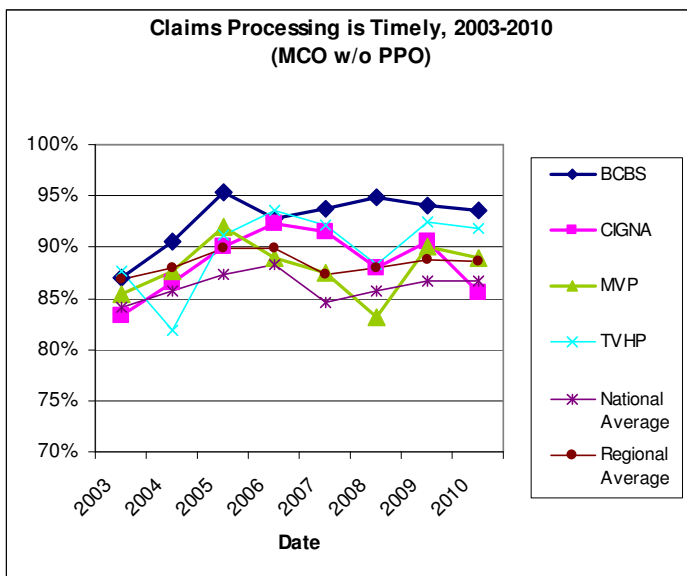
Claims are Processed Correctly

This measure reports, of the members who have submitted a claim in the last 12 months, the percentage that reported "usually" or "always" to the question, "In the last 12 months, how often did your health plan handle your claims correctly?"

Claims Processing Composite, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	95%	88%	89%	93%			87%	90%	94%	
	National Average	▲	⊙	⊙	▲	88%		⊙	⊙	▲	87%
	Regional Average	▲	⊙	⊙	⊙	90%		⊙	⊙	▲	87%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
Claims Processing is Timely	Plan Rate	94%	86%	89%	92%			87%	89%	92%	
	National Average	▲	⊙	⊙	▲	87%		⊙	⊙	▲	86%
	Regional Average	▲	⊙	⊙	⊙	89%		⊙	⊙	▲	86%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			

Claims Processing Composite, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Claims are Processed Correctly	Plan Rate	97%	90%	89%	95%			88%	92%	96%	
	National Average	▲	⊙	⊙	▲	89%		⊙	⊙	▲	89%
	Regional Average	▲	⊙	⊙	▲	91%		⊙	⊙	▲	88%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			





Getting Needed Care: Composite and Individual Measures

Composite

NCQA combines the MCOs' rates from two CAHPS® questions to create a "Getting Needed Care" composite measure:

Getting to See A Specialist

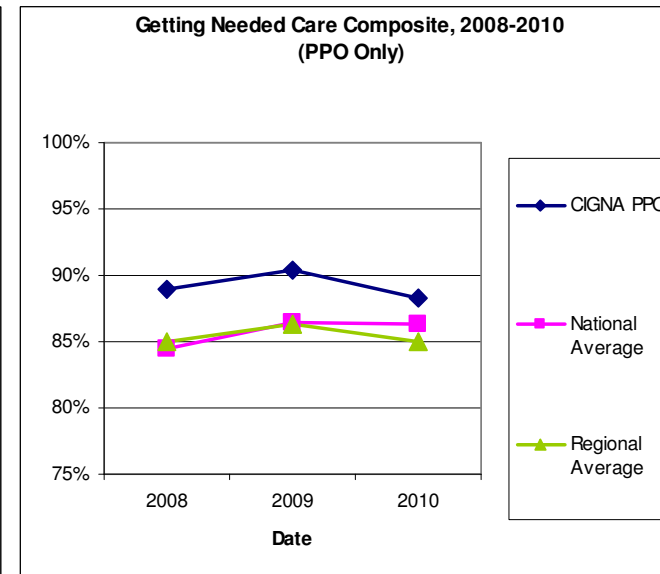
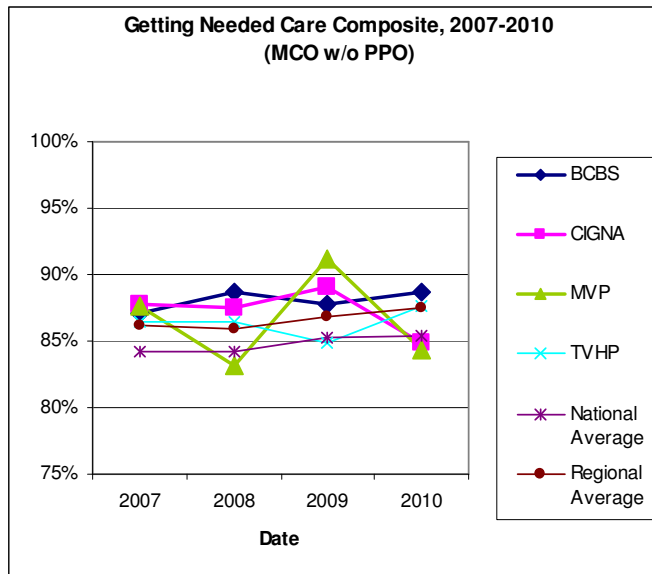
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often was it easy to get appointments with specialists?"

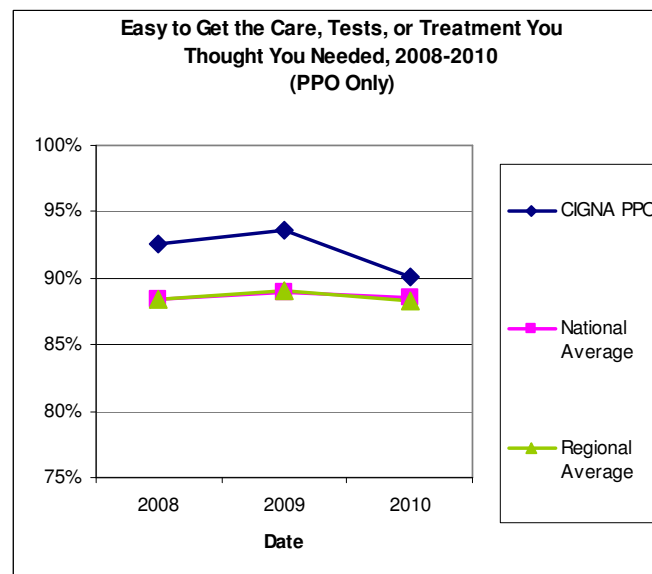
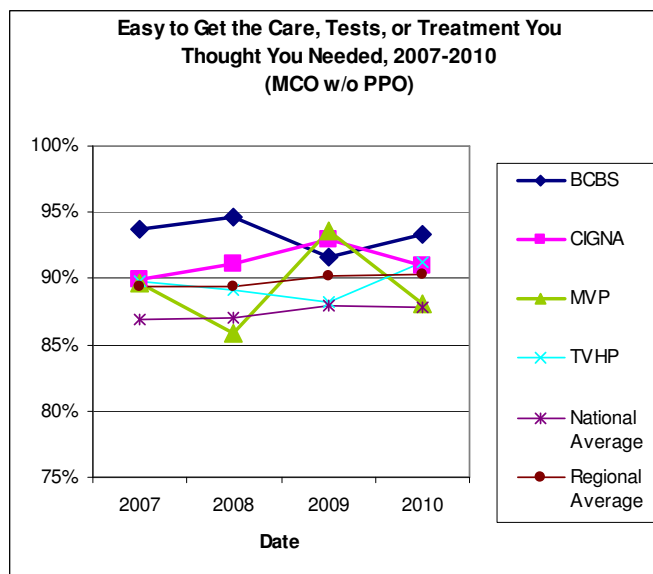
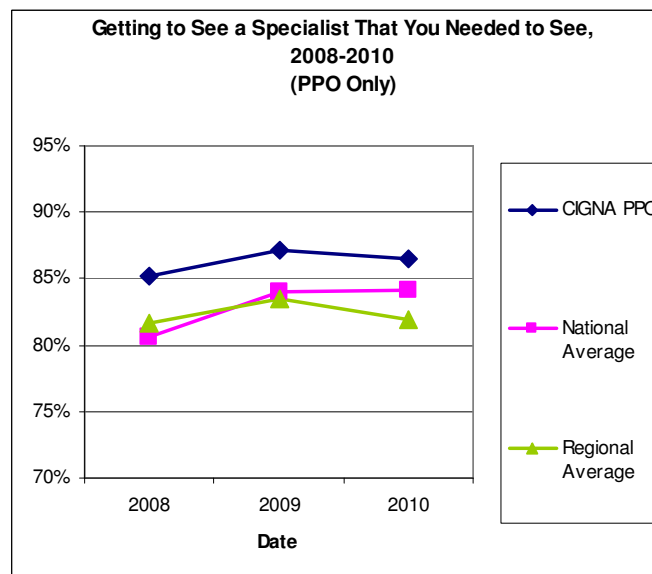
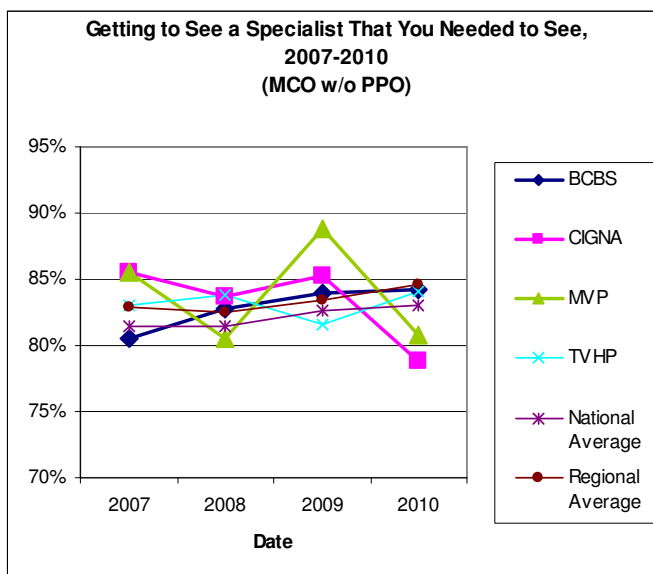
Easy to Get the Care, Tests or Treatment You Needed

This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan?"

Getting Needed Care, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	89%	85%	84%	88%			88%	82%	88%	
	National Average	⊙	⊙	⊙	▲	85%		⊙	▼	⊙	86%
	Regional Average	⊙	⊙	⊙	⊙	87%		⊙	⊙	⊙	85%
	Improvement Opportunity								●		
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
Getting to See A Specialist	Plan Rate	84%	79%	81%	84%			87%	83%	84%	
	National Average	⊙	▼	⊙	⊙	83%		⊙	⊙	⊙	84%
	Regional Average	⊙	▼	⊙	⊙	85%		⊙	⊙	⊙	82%
			●								
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			

Getting Needed Care, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Easy to Get the Care, Tests or Treatment You Needed	Plan Rate	93%	91%	88%	91%			90%	81%	92%	
	National Average	▲	◎	◎	◎	88%		◎	▼	◎	88%
	Regional Average	◎	◎	◎	◎	90%		◎	▼	◎	88%
									●		
	Change Over Time 2008-2010	◎	◎	◎	◎			◎			





Getting Care Quickly: Composite and Individual Measures

Composite

NCQA combines the MCOs' rates from two CAHPS questions, which measure member satisfaction with how quickly members received care right away when they needed it and how quickly they received routine care, to create a "Getting Care Quickly" composite measure.

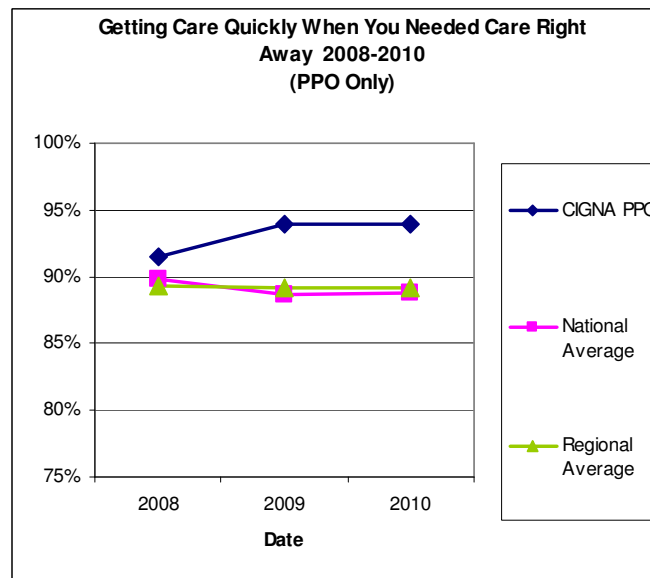
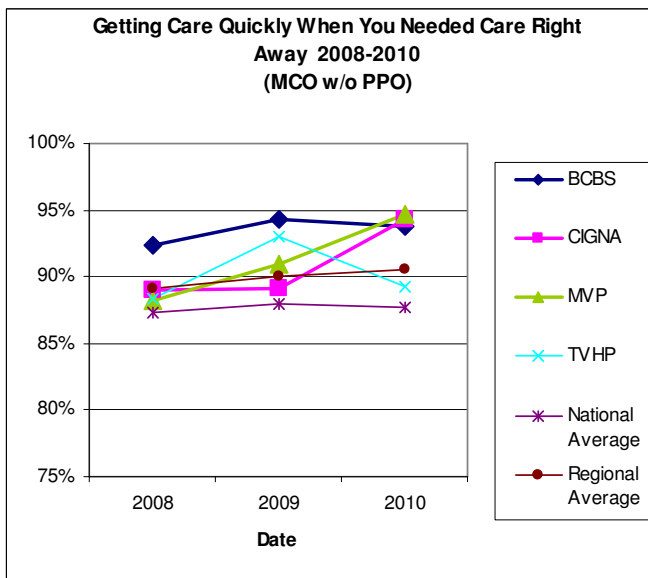
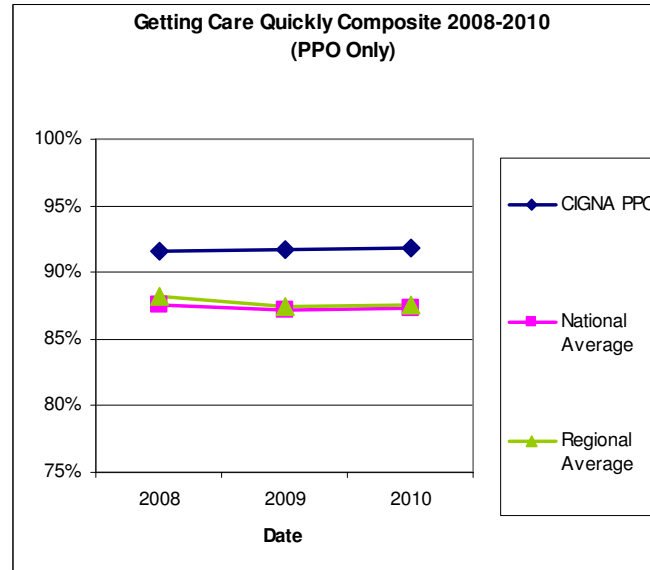
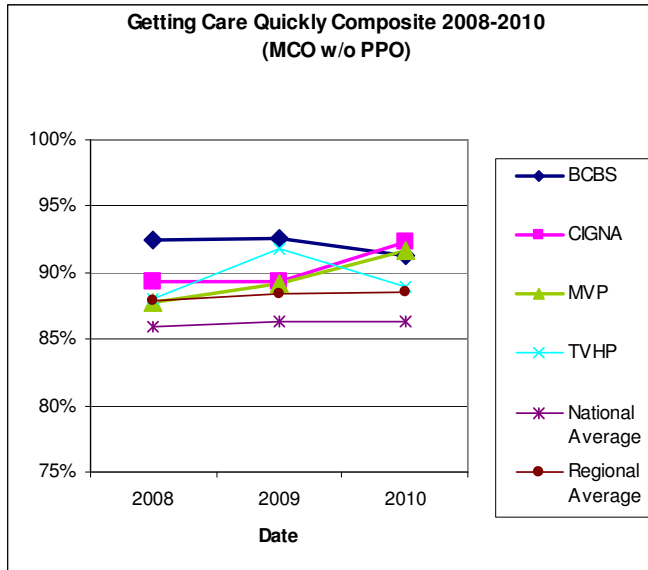
Getting Care Quickly When You Need Care Right Away

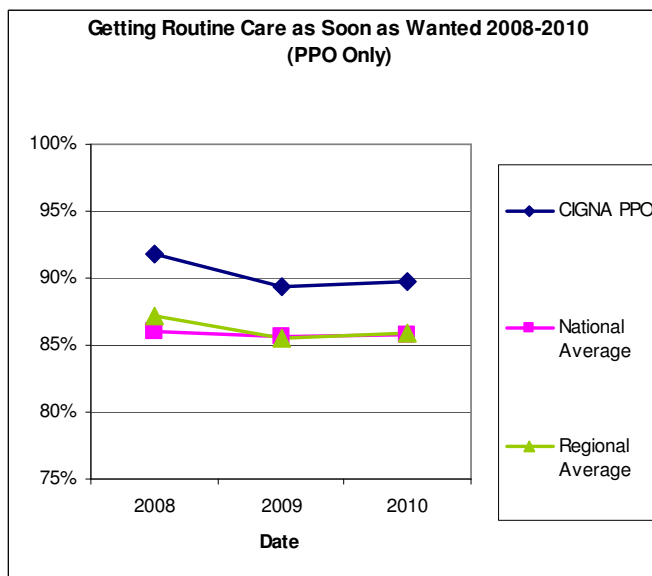
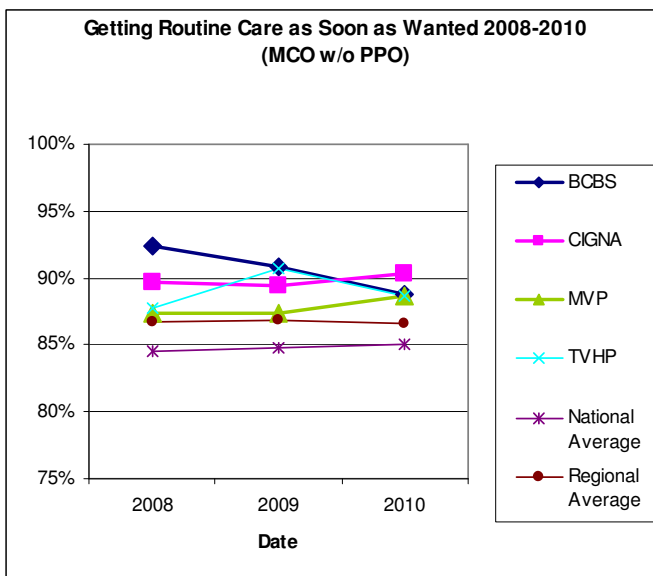
This measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?"

Getting Routine Care As Soon as Wanted

The measure reports the percentage of members who responded "usually" or "always" to the CAHPS® question, "In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?"

Getting Care Quickly, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	91%	92%	92%	89%			92%	86%	85%	
	National Average	▲	▲	▲	⊙	86%		▲	⊙	⊙	87%
	Regional Average	⊙	⊙	⊙	⊙	89%		⊙	⊙	⊙	88%
	Change Over Time 2008-2010	⊙	▲	▲	⊙			⊙			
Getting Care Quickly When You Needed Care Right Away	Plan Rate	94%	94%	95%	89%			94%	88%	85%	
	National Average	▲	▲	▲	⊙	88%		▲	⊙	⊙	89%
	Regional Average	⊙	⊙	▲	⊙	91%		⊙	⊙	▼	89%
	Change Over Time 2008-2010	⊙	▲	▲	⊙			⊙			
Easy to Get the Care, Tests or Treatment You Needed	Plan Rate	89%	90%	89%	89%			90%	85%	84%	
	National Average	⊙	▲	⊙	⊙	85%		⊙	⊙	⊙	86%
	Regional Average	⊙	⊙	⊙	⊙	87%		⊙	⊙	⊙	86%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			





How Well Doctors Communicate: Composite and Individual Measures

Composite

NCQA combines members' satisfaction levels with regard to how well their personal doctors listened carefully, clearly explained information in an understandable manner, showed them respect and gave them the time they needed to create this composite.

How Often Doctors Listen Carefully

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal physician listen carefully to you?”

How Often Doctors Explain Things in an Understandable Way

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?”

How Often Doctors Show Respect

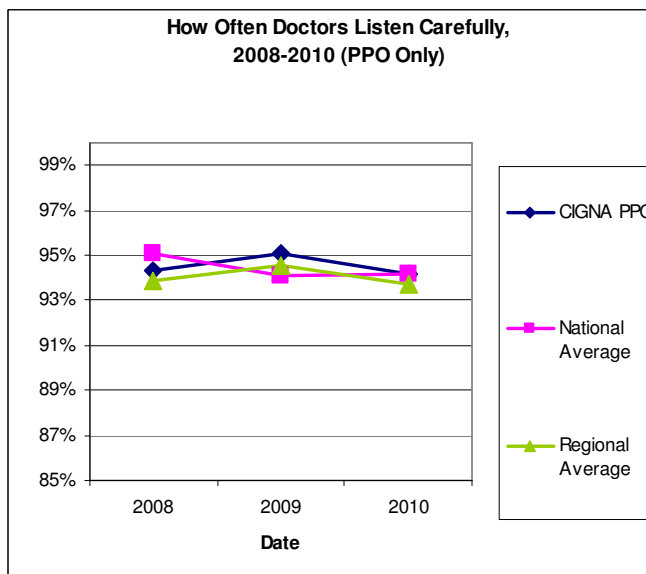
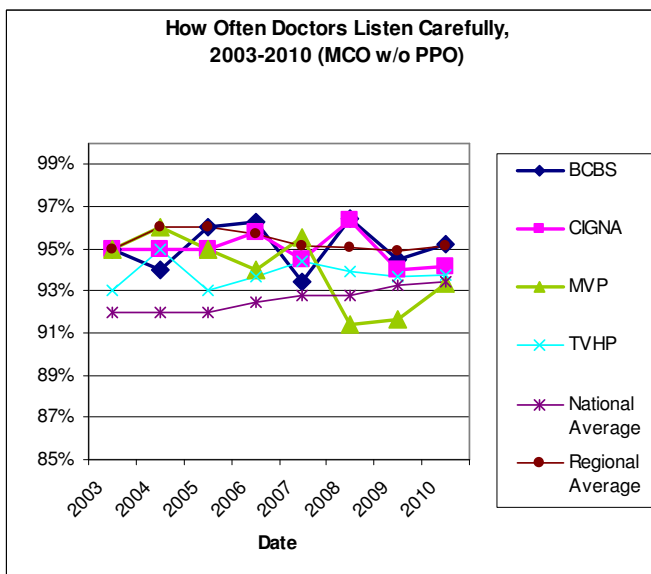
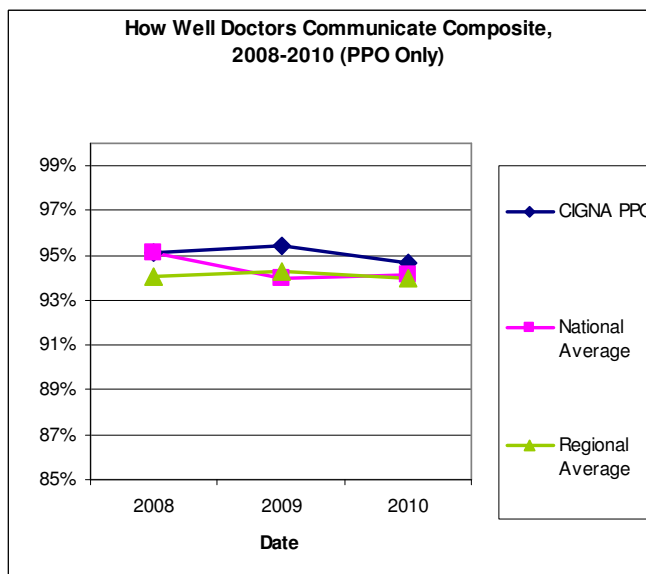
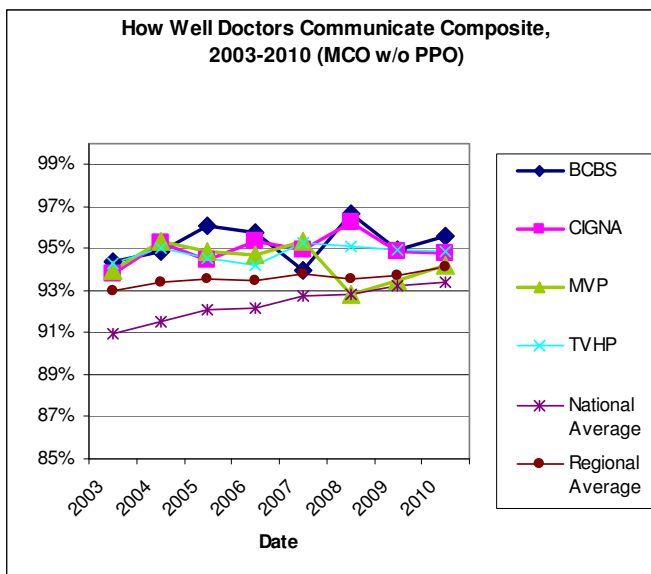
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor show respect for what you had to say?”

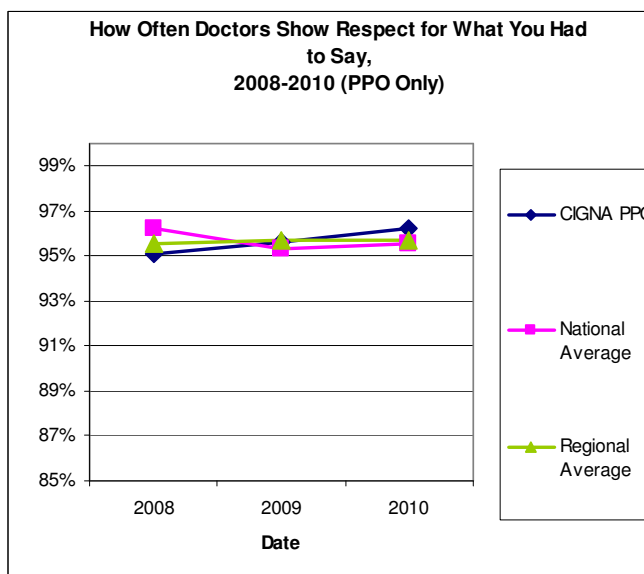
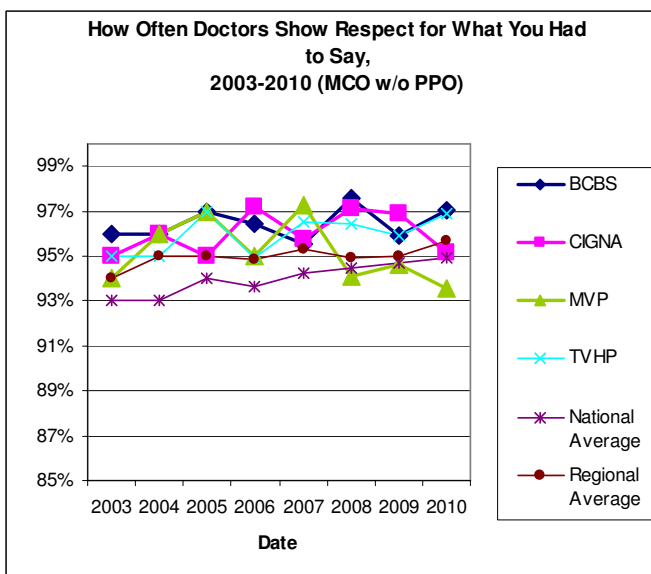
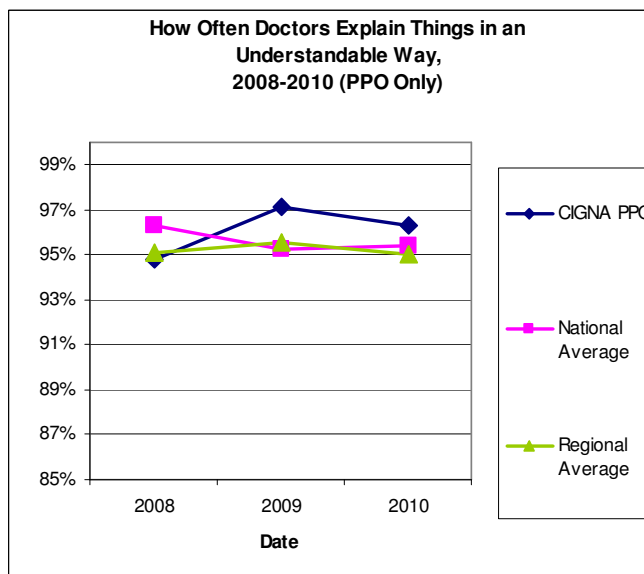
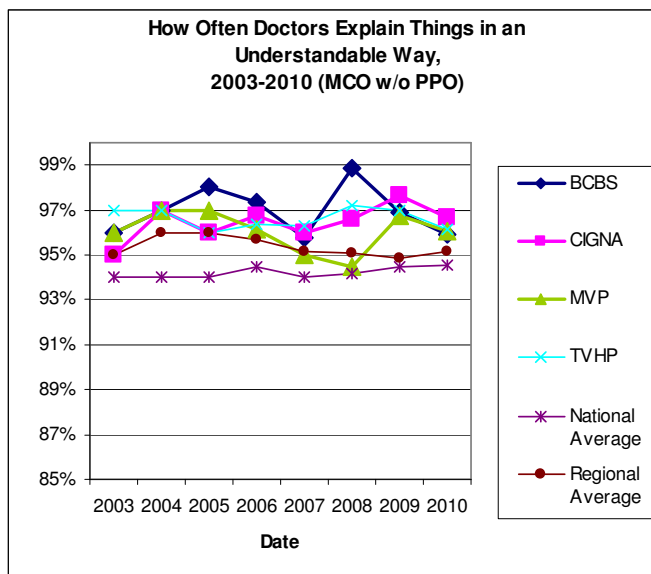
How Often Doctors Spend Enough Time with Their Patients

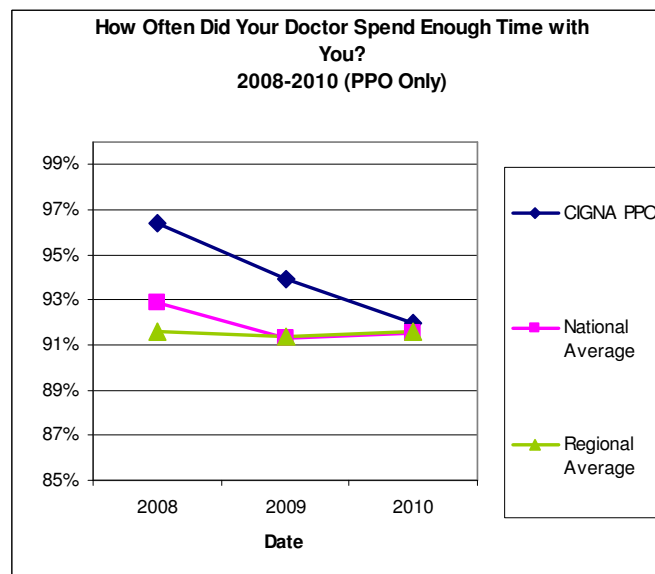
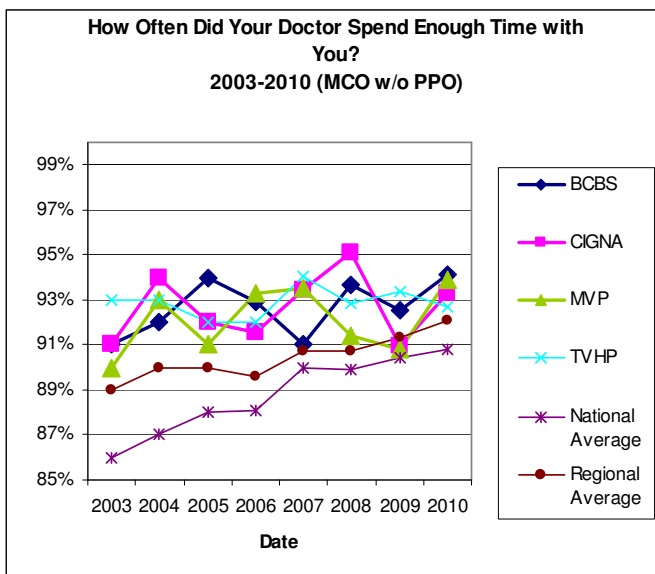
This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often did your personal doctor spend enough time with you?”

How Well Doctors Communicate, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO Average)		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	96%	95%	94%	95%			95%	93%	94%	
	National Average	⊙	⊙	⊙	⊙	93%		⊙	⊙	⊙	94%
	Regional Average	⊙	⊙	⊙	⊙	94%		⊙	⊙	⊙	94%
	Change Over Time 2008-2010	⊙	▼	⊙	⊙			⊙			

How Well Doctors Communicate, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO Average)		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
How Often Doctors Listen Carefully	Plan Rate	95%	94%	93%	94%			94%	94%	94%	
	National Average	⊙	⊙	⊙	⊙	93%		⊙	⊙	⊙	94%
	Regional Average	⊙	⊙	⊙	⊙	94%		⊙	⊙	⊙	94%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
How Often Doctors Explain Things in an Understandable Way	Plan Rate	96%	97%	96%	96%			96%	95%	95%	
	National Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	95%
	Regional Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	95%
	Change Over Time 2008-2010	▲	⊙	⊙	⊙			⊙			
How Often Doctors Show Respect	Plan Rate	97%	95%	94%	97%			96%	95%	95%	
	National Average	⊙	⊙	⊙	⊙	95%		⊙	⊙	⊙	96%
	Regional Average	⊙	⊙	⊙	⊙	96%		⊙	⊙	⊙	96%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			
How Often Doctors Spend Enough Time with Their Patients	Plan Rate	94%	93%	94%	93%			92%	93%	91%	
	National Average	⊙	⊙	⊙	⊙	91%		⊙	⊙	⊙	92%
	Regional Average	⊙	⊙	⊙	⊙	92%		⊙	⊙	⊙	92%
	Change Over Time 2008-2010	⊙	⊙	⊙	⊙			▼			







Shared Decision Making: Composite and Individual Measures

Composite

NCQA combines the percentage of members who responded “definitely yes” to questions as to whether their doctors involved them in determining the best treatment for them to create this composite.

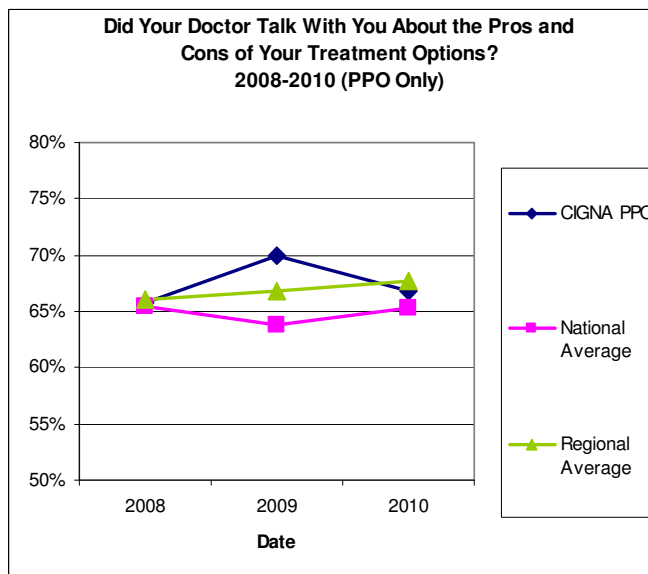
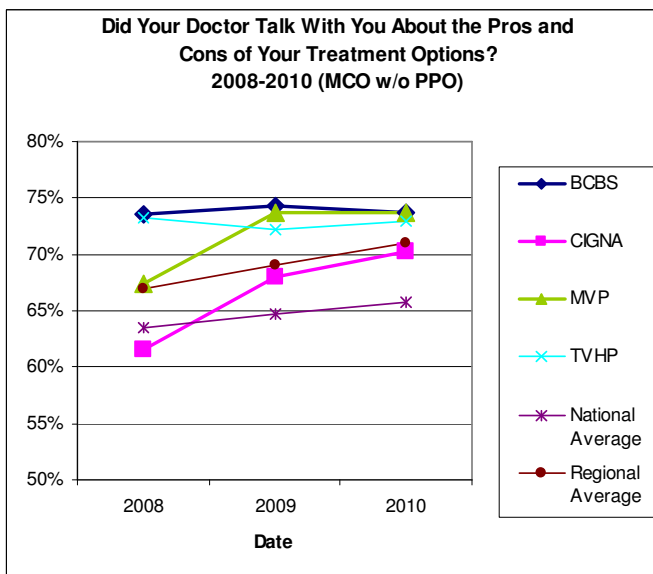
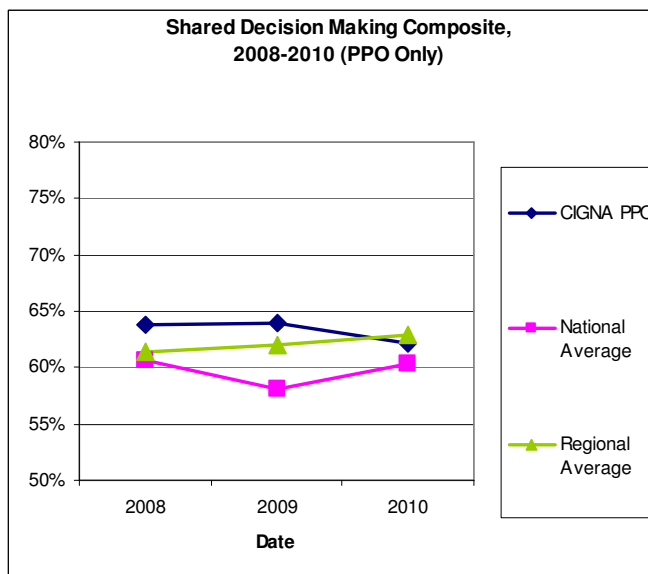
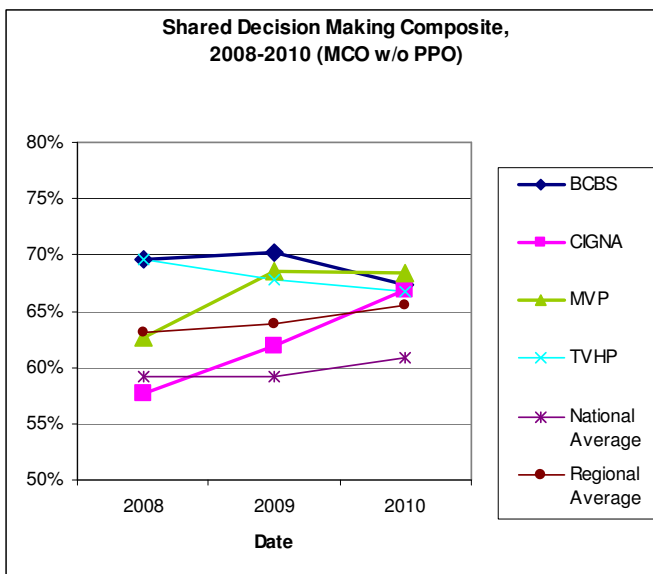
Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?

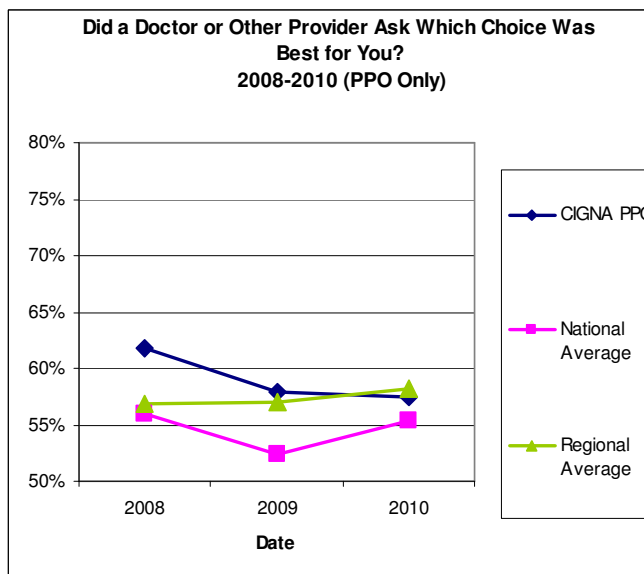
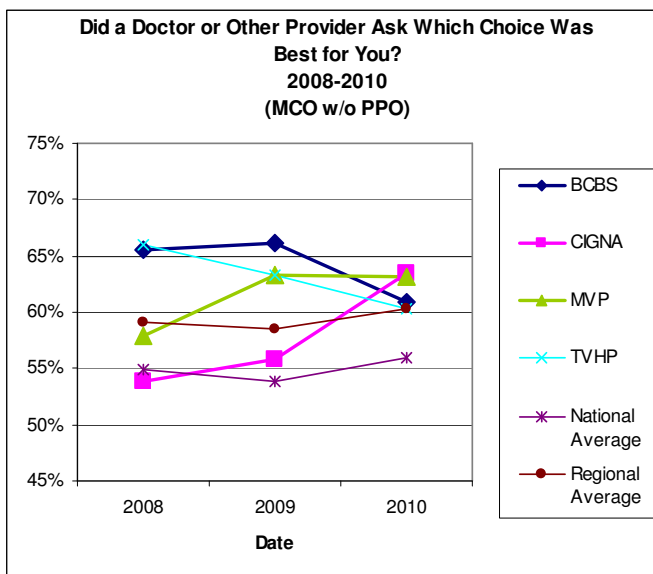
This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?”

Did a Doctor or Other Provider Ask Which Choice Was Best for You?

This measure reports the percentage of members who responded “definitely yes” to the CAHPS® question, “In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?”

Shared Decision Making, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	67%	67%	68%	67%			62%	63%	66%	
	National Average	▲	▲	▲	▲	61%		◎	◎	▲	60%
	Regional Average	◎	◎	◎	◎	66%		◎	◎	◎	63%
	Change Over Time 2008-2010	◎	▲	◎	◎			◎			
Did Your Doctor Talk with You About the Pros and Cons of Your Treatment Options?	Plan Rate	61%	63%	63%	60%			57%	55%	59%	
	National Average	▲	◎	▲	▲	56%		◎	◎	▲	55%
	Regional Average	◎	◎	◎	◎	60%		◎	◎	◎	58%
	Change Over Time 2008-2010	◎	▲	◎	◎			◎			
Did a Doctor or Other Provider Ask Which Choice Was Best for You?	Plan Rate	61%	63%	63%	60%			57%	55%	59%	
	National Average	◎	▲	▲	◎	56%		◎	◎	◎	55%
	Regional Average	◎	◎	◎	◎	60%		◎	◎	◎	58%
	Change Over Time 2008-2010	◎	▲	◎	◎			◎			

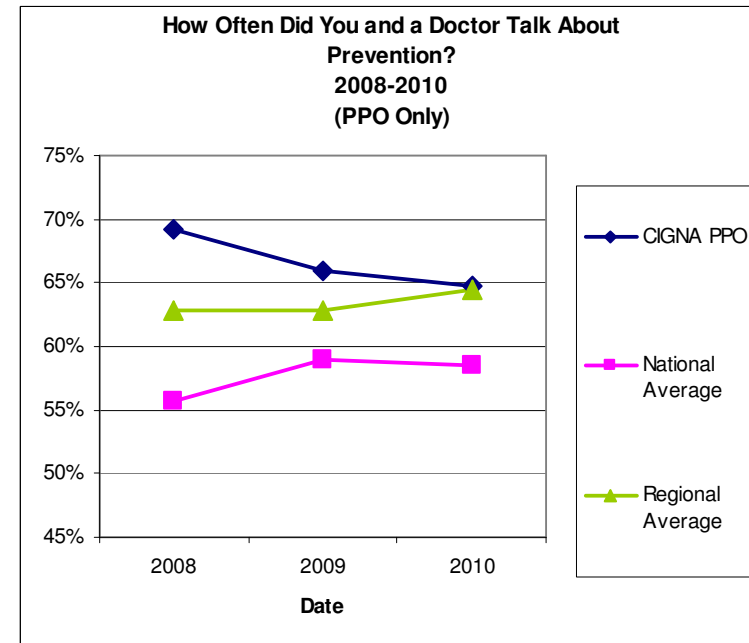
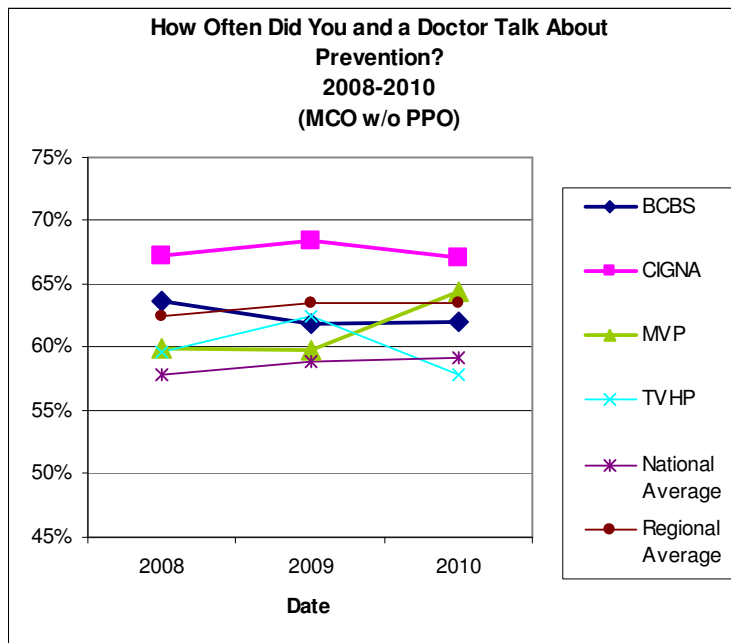




How Often Did You and a Doctor Talk about Prevention?

This measure reports the percentage of members who responded “definitely yes” and “usually yes” to the CAHPS® question, “In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?”

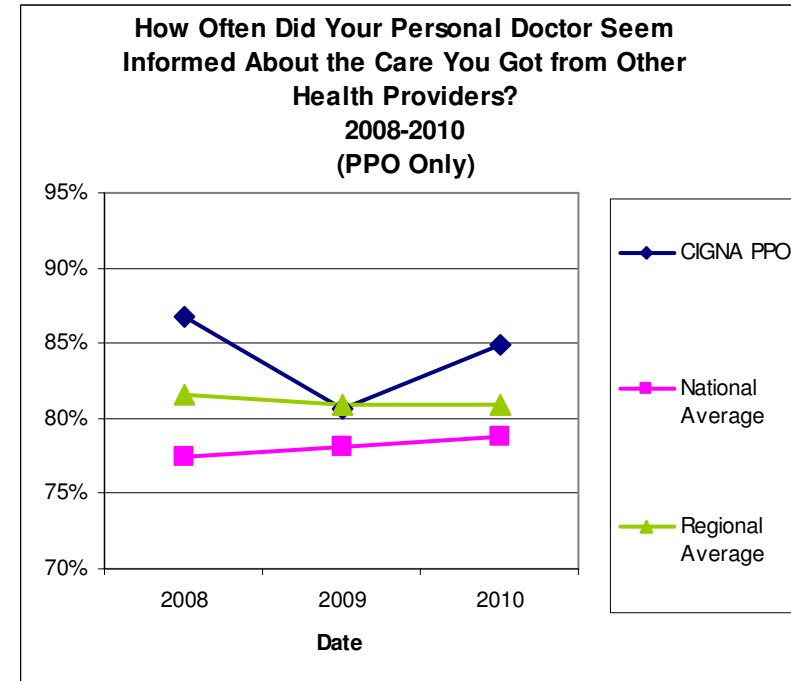
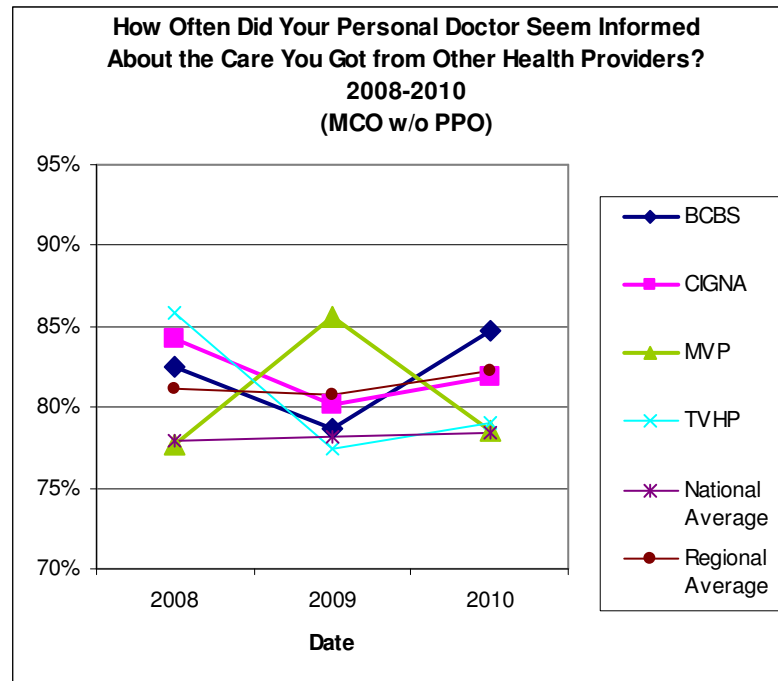
How Often Did You and a Doctor Talk about Prevention?, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	62%	67%	64%	58%			65%	60%	68%	
National Average	⊙	▲	▲	⊙	59%		▲	⊙	▲	58%
Regional Average	⊙	⊙	⊙	▼	64%		⊙	⊙	⊙	64%
Improvement Opportunity				●						
Change Over Time 2008-2010	⊙	⊙	⊙	⊙			⊙			



How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?

This measure reports the percentage of members who responded “definitely yes” and “usually yes” to the CAHPS® question: In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?”

How Often Did Your Personal Doctor Seem Informed about the Care You Got from Other Health Providers?, 2010										
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Plan Rate	85%	82%	79%	79%			85%	84%	80%	
National Average	▲	◎	◎	◎	78%		▲	◎	◎	79%
Regional Average	◎	◎	◎	◎	82%		◎	◎	◎	81%
Change Over Time 2008-2010	◎	◎	◎	▼			◎			



Plan Information on Costs: Composite and Individual Measures

Composite

NCQA combines the percentage of members who responded that they were “usually” or “always” able to find out how much to pay for a health care service, piece of equipment or specific prescription medicine to create a “Plan Information on Costs” composite.

Able to Find Out How Much to Pay for a Health Care Service or Equipment

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment?”

Able to Find Out How Much to Pay for Prescription Medications

This measure reports the percentage of members who responded “usually” or “always” to the CAHPS® question, “In the last 12 months, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?”

Plan Information on Costs, 2010											
		BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO Average
Composite	Plan Rate	76%	62%	66%	62%			57%	62%	60%	
	National Average	▲	⊙	⊙	▼	67%		⊙	⊙	⊙	64%
	Regional Average	▲	▼	⊙	▼	70%		▼	⊙	▼	66%
	Improvement Opportunity		●		●			●		●	
Able to Find Out How Much to Pay for a Health Care Service or Equipment?	Plan Rate	78%	63%	64%	67%			57%	61%	59%	
	National Average	▲	⊙	⊙	⊙	66%		⊙	⊙	⊙	60%
	Regional Average	⊙	⊙	▼	▼	72%		⊙	⊙	⊙	64%
	Improvement Opportunity			●	●						
Able to Find Out How Much to Pay for Prescription Medications?	Plan Rate	74%	60%	68%	56%			58%	63%	61%	
	National Average	▲	⊙	⊙	▼	69%		⊙	⊙	▼	69%
	Regional Average	⊙	▼	⊙	▼	71%		⊙	⊙	▼	68%
	Improvement Opportunity		●		●					●	

Member Experience of Care Survey Act 129 Mental Health and Substance Abuse

Rule 10 requires MCOs to submit a copy of their most recent Act 129 Mental Health and Substance Abuse Member Experience of Care Survey results. The Act 129 Experience of Care Survey asks members who have received mental health and/or substance abuse services how satisfied they are with the services they received. All reporting MCOs delegate behavioral health services to a managed behavioral health organization (MBHO). Based on the information supplied, three areas of analysis have been reported in order to evaluate the quality of mental health and substance abuse services. The three areas and their respective questions are as follows:

Getting Timely Approvals and Needed Information

- The percentage of members who did not have a problem with delays while awaiting approval.
- The percentage of members who did not have a problem getting the help or information they needed when they called customer service.

Getting Treatment When Wanted

- The percentage of members who sought counseling services right away and were able to obtain them within 24 hours.
- The frequency with which members were able to get routine appointments for counseling or treatment within two weeks of their request for an appointment.

Ability to See Counselor of Choice

- The percentage of members able to receive counseling and treatment from their counselor of choice.
- The reasons why members were unable to see their counselor of choice.

To evaluate these data, the “usually” and “always” answers were used to assess the frequency with which a desired outcome was achieved (e.g., was able to get an appointment within 24 hours). The “not a problem” response was used to evaluate how well services were delivered (e.g., problem getting assistance from Customer Service). Because no external organization, such as NCQA, creates national or regional averages, MCO rates were evaluated against a 90% standard, which is the threshold used for other Rule 10/Rule 9-03-specific measures.

Response Rate

This survey is administered by mail with one follow-up reminder mailing. The response rates achieved by each of the MCOs were low, as the following percentages indicate.

Response Rate, 2010				
	BCBS	CIGNA	MVP	TVHP
Response Rate	30%	21%	22%	27%

Getting Timely Approvals and Needed Information

These questions examine whether members feel that their services were delayed by the MCO's referral/approval process and whether members obtained the help they needed from the MCO's customer service function.

Getting Timely Approvals and Needed Information, 2010					
	BCBS	CIGNA	MVP	TVHP	Rule 10/Rule 9-03 Standard
Percentage of Members Having No Problems with Delays while Awaiting Approval	83%	65%	86%	83%	90%
Improvement Opportunity	●	●	●	●	
Percentage of Members Having No Problem in Obtaining Help from Customer Service	67%	78%	74%	65%	90%
Improvement Opportunity	●	●	●	●	

Getting Treatment When Wanted

These questions assess whether members were able to obtain urgently needed counseling and treatment within 24 hours, and obtain routine appointments within two weeks of the request. They measure compliance with Rule10/Rule 9-03 requirements.

Getting Treatment When Wanted, 2010					
	BCBS	CIGNA	MVP	TVHP	Rule 10/Rule 9-03 Standard
Percentage of Members Seeking Urgent Care Who Were Able to Obtain Counseling Within 24 Hours	71%	66%	57%	60%	90%
Improvement Opportunity	●	●	●	●	
Percentage of Members Seeking Non-urgent Appointments Who Were Able to Obtain an Appointment within 2 Weeks of Request	96%	96%	95%	93%	90%

Ability to See Counselor of Choice

This measure assesses the percentage of members who were able to see their counselor of choice.

Ability to See Counselor of Choice, 2010				
	BCBS	CIGNA	MVP	TVHP
Percent of Members Able to See Counselor of Choice	94%	93%	91%	93%

Reasons Counselor of Choice Was Not Available to Member

This measure assesses the most common reasons why members were not able to see their counselor of choice.

Reasons Preferred Counselor Was Not Available to Member, 2010				
	BCBS	CIGNA	MVP	TVHP
Not in Network	50%	78%	22%	29%
Not Accepting New Patients	20%	11%	4%	6%
No Available Time	20%	11%	39%	47%
Other	10%	0%	35%	18%

Access to Services

Rule 10/Rule 9-03 specify travel time standards from the members' residences or places of business to contracted providers. The travel time standards vary by type of provider. The Department expects MCO networks to provide 90% of members with access to providers within the specified travel time.

MCOs are allowed to submit combined GeoAccess reports for their PPO and HMO/POS products if the composition of their provider networks has provider overlap of at least 85%. CIGNA and MVP each reported for their combined networks, while BCBS reported separately for VHP (BCBS), TVHP and BCBS PPO.

Non-MBHOs, CBH and MBH were required to submit this information, which is included in the charts and graphs that follow. For access to mental health and substance abuse services, CBH reported experience for CIGNA; therefore, CBH and not CIGNA is reported in these tables. PrimariLink was not required to report any data, since it does not have its own contracted provider network.

Areas are identified where access does not meet the Rule 10 travel-time standard, but it is also acknowledged that there are rural counties, particularly in the Northeast Kingdom, in which there are fewer available providers and the closest provider may be located beyond the Rule 10/Rule 9-03 travel time standard. Under the leadership of the Act 129 Mental Health and Substance Abuse Task Force, MCOs have shared information about their mental health and substance abuse network composition so that they can determine whether there are additional provider contracting opportunities.

It is important to note that these access measures only evaluate the proximity of providers to members' residences. With the exception of access to PCPs, it does not address whether a provider who is located within the required distance is accepting new patients, what the wait time is for appointments, or whether the provider has the expertise required by the patient. Therefore, in theory, it is possible for an MCO to have an access score of 100% when it has only one provider under contract and all of its members in a particular county live in close proximity to the one provider.

Each year access to different selected medical specialists is measured to see if MCOs meet the Rule 10/Rule 9-03 standard of providing at least 90% of members with access within 60 minutes of travel time. This year the selected specialties are:

- Orthopedic Surgeons;
- Cardiologists, and
- Ophthalmologists

The tables on the following pages report the areas where access does not meet the Rule 10/Rule 9-03 standard that at least 90% of MCO members have access within the specified time requirement.

We did not include charts for the following providers because at least 90% of all MCO members have access within the required 30-minute travel time:





- PCPs for adults;
- PCPs for children;
- Ambulatory mental health providers, which includes psychiatrists, psychologists, and master's level providers; and
- Ambulatory chemical dependency providers.

Similarly, no charts are included for the following providers because at least 90% of all MCO members have access within 60 minutes travel time:

- Pharmacy;
- Orthopedic Surgeons;
- Cardiologists, and
- Ophthalmologists.

Percentage of Members with Access to Intermediate Mental Health Providers and Intermediate Chemical Dependency Providers

Rule 10/Rule 9-03 establish an access standard for intermediate mental health providers and intermediate chemical dependency providers of one provider within 30 minutes driving time. Intermediate mental health and chemical dependency providers provide intensive outpatient and partial hospitalization services. The table below displays results for the entire network. The tables on the following pages show the access issues for selected counties.

	Percentage of Members with Access to Intermediate Mental Health Providers, 2010	Percentage of Members with Access to Intermediate Chemical Dependency Providers, 2010
BCBS	92%	96%
CBH	100%	100%
MBH	82% 	92%
MVP	95%	100%
TVHP	83% 	92%
BCBS PPO	73% 	89% 
Rule 10/Rule 9-03 Standard	90%	90%

Percentage of Members with Access to Intermediate Mental Health Providers for Selected Counties

The level of access based on the Rule 10 standard varies widely across the state and is reflected in the table below. The standard appears to be currently unobtainable by any MCO in certain counties. However, there are other counties where it appears that some MCOs might have an opportunity to improve access for their members. Because of the extensive number of opportunities reflected in the table below, it appears that the improvement opportunities may in some cases be related to the lack of an adequate supply of providers rather than to an individual MCO's failure to build a sufficient network. The wide variation reported also suggests that there may be some reporting problems.

Percentage of Members with Access to Intermediate Mental Health Facilities for Selected Counties, 2010						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Addison	35%	100%	27%	100%	29%	22%
Bennington	8%	100%	4%	100%	3%	5%
Caledonia	38%	100%	36%	35%	39%	29%
Essex	24%	100%	31%	0%	41%	26%
Lamoille	70%	100%	59%	100%	55%	59%
Orange	72%	100%	71%	100%	65%	80%
Orleans	95%	100%	90%	8%	90%	87%
Washington	89%	100%	91%	100%	92%	89%
Windsor	75%	100%	67%	100%	66%	70%

Percentage of Members with Access to Intermediate Chemical Dependency Providers for Selected Counties

The level of access based on the Rule 10/Rule 9-03 standard varies widely across the state; counties in which the 90% standard was not met for all MCOs are reflected in the table below. Because of the extensive number of opportunities reflected in the table below, it appears that the improvement opportunities may be related to the lack of an adequate supply of providers rather than an individual MCO's failure to build a sufficient network. The wide variation reported also suggests that there may be some reporting problems.

Percentage of Members with Access to Intermediate CD Facilities for Selected Counties, 2010						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Addison	44%	100%	34%	100%	36%	29%
Caledonia	61%	100%	62%	100%	57%	67%
Essex	83%	100%	81%	100%	86%	75%
Lamoille	70%	100%	59%	100%	56%	59%
Orange	89%	100%	89%	100%	89%	89%
Orleans	95%	100%	90%	100%	90%	87%

Percentage of Members with Access to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties

Rule 10/Rule 9-03 establish an access standard for psychiatrists, psychologists and master's level therapists that each MCO's members must have access to one provider within 30 minutes for each of the licensing groups. Access information for selected counties for which the 90% standard is not met for a large number of the MCOs are reflected in the table below. Please note that all of the MCOs met the access standards for master's level clinicians in all counties.

Percentage of Members with Access to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties, 2010		
	Psychiatrist	Psychologist
Essex County		
BCBS	0%	69%
CBH	100%	100%
MBH	0%	65%
MVP	87%	99%
TVHP	0%	56%
BCBS PPO	0%	70%
Franklin County		
BCBS	76%	94%
CBH	97%	96%
MBH	68%	95%
MVP	98%	96%
TVHP	65%	94%
BCBS PPO	68%	96%
Orleans County		
BCBS	13%	25%
CBH	100%	100%
MBH	19%	32%
MVP	100%	100%
TVHP	18%	29%
BCBS PPO	24%	41%

Percentage of Members with Access to Outpatient Mental Health and Chemical Dependency Providers for Selected Counties, 2010		
	Psychiatrist	Psychologist
Caledonia County		
BCBS	37%	100%
CBH	100%	100%
MBH	37%	100%
MVP	100%	100%
TVHP	41%	100%
BCBS PPO	30%	99%
Orange County		
BCBS	77%	100%
CBH	100%	100%
MBH	73%	100%
MVP	100%	100%
TVHP	75%	100%
BCBS PPO	68%	100%
Windsor County		
BCBS	90%	100%
CBH	100%	100%
MBH	90%	100%
MVP	100%	100%
TVHP	91%	100%
BCBS PPO	89%	100%

Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties

Rule 10/Rule 9-03 establish an access standard that each MCO's members must have access to an inpatient mental health facility within 60 minutes' driving time. The counties for which the 90% standard was not met by all MCOs are reflected in the table below.

Percentage of Members with Access to Inpatient Mental Health Facilities for Selected Counties, 2010						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Essex	90%	100%	94%	30%	96%	93%
Orleans	13%	100%	100%	36%	15%	100%
Caledonia	34%	100%	100%	98%	31%	100%

Percentage of Members with Access to Inpatient Chemical Dependency Facilities for Selected Counties

Rule 10 establishes an access standard that 90% of each MCO's members must have access to an inpatient chemical dependency (CD) facility within 60 minutes' driving time. The counties for which the 90% standard is not met by all MCOs are reflected in the table below.

Percentage of Members with Access to Inpatient Chemical Dependency Facilities for Selected Counties, 2010						
County	BCBS	CBH	MBH	MVP	TVHP	BCBS PPO
Essex	0%	100%	0%	28%	0%	0%
Orange	72%	100%	68%	100%	69%	64%
Orleans	10%	100%	16%	42%	15%	20%
Caledonia	18%	100%	18%	98%	22%	11%

Percentage of Members with Access to Appointments within the Rule 10/Rule 9-03 Time Standards

Rule 10/Rule 9-03 establish an access standard that at least 90% of the time MCO members' appointments be available within the following timeframes:

- 24 hours for urgent care
- 2 weeks for non-emergency, non-urgent care
- 90 days for preventive care, including routine physical examinations

Percentage of Members with Access to Appointments within the Rule 10/ Rule 9-03 Time Standards, 2010							
	BCBS/ TVHP	CBH	CIGNA POS	CIGNA PPO	MBH	MVP	Rule 10/ Rule 09-3 Standard
Urgent care	89%	66%	94%	94%	98%	98%	90%
Improvement Opportunity	●	●					
Non-emergency care	81%	96%	90%	90%	94%	86%	90%
Improvement Opportunity	●					●	
Preventive care	85%	NA	97%	97%	NA	92%	90%
Improvement Opportunity	●						

Utilization Review Decisions

Because Rule 9-03 did not take effect until December 2009, UR decisions, which are based on prior calendar year reporting, were reported and analyzed under Rule 10 reporting requirements.

Rule 10 requires that MCOs make utilization review (UR) decisions within the following specified timeframes:

- Expedited review: within 24 hours
- Non-expedited pre-service review: within 15 days
- Non-expedited post-service review: within 30 days

In this table “NA” means that the MCO did not have any cases in the utilization review category. MCOs with performance levels below 90% are identified as having an opportunity for improvement.

Percentage of UR Decisions Meeting Rule 10 Decision-Making Timeframes, 2009										
	BCBS	CBH	CIGNA	MBH	MVP	MVP PPO	PrimariLink	TVHP	BCBS PPO	Rule 10 Standard
Expedited										
< or = 1 day	32%	100%	82%	100%	35% ³⁷	45% ³⁸	100%	32%	45%	90%
Extension	54%	NA	0%	0%	95%	100%	0%	59%	42%	
No Extension	46%	NA	100%	0%	5%	0%	0%	41%	58%	
Improvement Opportunity	●		●					●	●	
Non-expedited Pre-service										
< or = 15 days	92%	100%	98%	100%	90%	78% ³⁹	100%	100%	90%	90%
Extension	100%	NA	0%	0%	83%	79%	0%	NA	83%	
No Extension	0%	NA	100%	0%	17%	21%	0%	NA	17%	
Non-expedited Post-service										
< or = 30 days	60% ⁴⁰	100%	100%	100%	98%	97%	100%	68% ⁴¹	52% ⁴²	90%
Extension	92%	NA	NA	0%	100%	50%	0%	95%	97%	
No Extension	8%	NA	NA	0%	0%	50%	0%	5%	3%	

³⁷ This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

³⁸ This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

³⁹ This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

⁴⁰ This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

⁴¹ This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

⁴² This is not identified as an improvement opportunity because extensions were justified for enough reviews to bring the percentage above 90%.

Member Grievances

Grievance reporting requirements for the July 15, 2010 filing spanned the time period of July 1, 2009 – June 30, 2010. The Department determined that MCOs should report grievances for the entire time period using the Rule 9-03 timeframes.

Please note that the grievance tables that follow now require MCOs to separately report concurrent review grievance data. Since MCOs may not be able to separately report information on concurrent reviews at this time, the Department allowed MCOs the option of not reporting concurrent review grievance data separately for the July 15, 2010 data filing. For MCOs that did not report concurrent review grievance data separately, the rows for concurrent review grievances are noted as NA in the following tables.

As of its December 2009 effective date, Rule 9-03 required that MCOs make grievance decisions within the following specified timeframes:

Physical Health Grievances

- concurrent review (<1 day);
- urgent, pre-service review (≤72 hours);
- non-urgent, pre-service review (≤30 days), and
- post-service review (≤60 days).

Mental Health and Substance Abuse Grievances

- concurrent review (<1 day);
- urgent, pre-service review (≤72 hours);
- non-urgent, pre-service review (≤30 days), and
- post-service review (≤60 days).

Pharmacy

- urgent, pre-service review (≤72 hours);
- non-urgent, pre-service review (≤30 days), and
- post-service review (≤60 days).

Grievances unrelated to an adverse benefit decision (≤60 days).

MCOs with performance levels below 90% are identified as having opportunities for improvement.

Grievances per 1000 Members

For the last reporting period July 2009 – June 2010, grievances per 1,000 members varies widely among the MCOs.

Grievances per 1000 Members, July 2009 – June 2010										
	BCBS	CBH ⁴³	CIGNA	CIGNA PPO	MBH	MVP	MVP PPO	PrimariLink	TVHP	BCBS PPO
July 2009 – June 2010	7.51	1.03	2.80	4.90	0.29	3.61	3.18	0.0	10.04	3.78

Members with More Than One Grievance

Annually, MCOs report the number of members who have filed more than one grievance. Because the absolute number of members filing grievances is small, and the number filing more than one grievance is even smaller, MCOs can exhibit wide percentage swings that are not very meaningful.

Members with More than One Grievance, July 2009 – June 2010										
	BCBS	CBH ⁴⁴	CIGNA	CIGNA PPO	MBH	MVP	MVP PPO	PrimariLink	TVHP	BCBS PPO
July 2009 – June 2010	5%	13%	2%	7%	6%	7%	2%	0	7%	2%

⁴³ Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

⁴⁴ Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

Percentage of Physical Health Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of grievances filed and the number overturned in the member's favor. Using these data, percentages are calculated that convey the results of MCO grievance determinations.

Physical Health Grievances Overturned in Member's Favor, July 2009 – June 2010							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
Total Grievances Resolved	273	47	168	25	43	274	113
# of Grievances Resolved during 1st Level Review	244	43	152	20	42	249	93
% of 1st Level Reviews Resolved in Member's Favor	49%	60%	33%	55%	14%	62%	30%
# of Grievances Resolved during 2nd Level Review	29	4	16	5	1	25	20
% of 2nd Level Reviews Resolved in Member's Favor	52%	50%	25%	60%	0%	52%	55%
% of Total Grievances Resolved in Member's Favor	49%	60%	32%	56%	14%	61%	35%

Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of mental health and substance abuse grievances filed and the number overturned in the member's favor.

Percentage of Mental Health and Substance Abuse Grievances Overturned in Member's Favor, July 2009 – June 2010						
	BCBS	CBH ⁴⁵	MBH	PrimariLink	TVHP	BCBS PPO
Total Grievances Resolved	4	30	25	0	3	5
# of Grievances Resolved during 1st Level Review	3	28	25	0	3	5
% of 1st Level Reviews Resolved in Member's Favor	100%	32%	32%	NA	67%	20%
# of Grievances Resolved during 2nd Level Review	1	2	0	0	0	0
% of 2nd Level Reviews Resolved in Member's Favor	100%	50%	NA	NA	NA	NA
% of Total Grievances Resolved in Member's Favor	100%	38%	32%	NA	67%	20%

⁴⁵ Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

Percentage of Pharmacy Grievances Overturned in Member's Favor

The data submitted by the MCOs include information on the number of grievances filed and the number overturned in the member's favor. Using these data, percentages are calculated that convey the results of MCO grievance determinations.

Pharmacy Grievances Overturned in Member's Favor, July 2009 – June 2010							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
Total Grievances Resolved	26	1	6	3	6	26	15
# of Grievances Resolved during 1st Level Review	24	1	5	3	6	24	8
% of 1st Level Reviews Resolved in Member's Favor	50%	0%	80%	100%	17%	46%	57%
# of Grievances Resolved during 2nd Level Review	2	0	1	0	0	2	1
% of 2nd Level Reviews Resolved in Member's Favor	100%	NA	0%	NA	NA	100%	0%
% of Total Grievances Resolved in Member's Favor	54%	0%	67%	100%	17%	50%	53%

Timeliness in Making Review Decisions Relating to Physical Health Grievances and Grievances Unrelated to an Adverse Benefit Decision

Rule 9-03 requires that physical health grievance decisions be made within the following specified timeframes for both Level 1 and Level 2:

- physical health service denials/coverage issues requiring concurrent review <=24 hours
- physical health pre-service denials/coverage issues requiring urgent review <=72 hours
- physical health pre-service denials/coverage issues not requiring urgent review <=30 days
- physical health post-service denials/coverage issues <=60 days
- pharmacy pre-service denials/coverage issues requiring urgent review <=72 hours
- pharmacy pre-service denials/coverage issues not requiring urgent review <=30 days
- pharmacy health post-service denials/coverage issues <=60 days
- grievances unrelated to an adverse benefit decision <=60 days

Percentage of Physical Health and Quality Grievances in Compliance with Rule 9-03 Timeframe by Type of Grievance, July 2009 – June 2010							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
Level 1							
Physical Health, Concurrent	NA	NA	NA	NA	NA	NA	NA
Physical Health, Urgent	71% ●	NA	100%	100%	100%	100%	NA
Physical Health, Pre-service Not Urgent	94%	100%	NA	100%	100%	100%	100%
Physical Health, Post-service	100%	97%	99%	100%	100%	100%	100%
Pharmacy Pre-Service, Urgent	100%	NA	NA	NA	NA	67% ●	100%
Pharmacy Pre-Service, Not Urgent	88% ●	100%	100%	100%	100%	100%	100%
Pharmacy Post-Service	100%	NA	NA	NA	100%	100%	100%
Grievances Unrelated to an Adverse Benefit Decision	97%	NA	NA	100%	100%	NA	100%

Percentage of Physical Health and Quality Grievances in Compliance with Rule 9-03 Timeframe by Type of Grievance, July 2009 – June 2010							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
Level 2							
Physical Health, Concurrent	NA	NA	NA	NA	NA	NA	NA
Physical Health, Urgent	50% ●	NA	0% ●	NA	NA	33% ●	NA
Physical Health, Pre-service Not Urgent	67% ●	100%	NA	100%	100%	91%	100%
Physical Health, Post-service	92%	100%	100%	100%	NA	100%	100%
Pharmacy Pre-Service, Urgent	100%	NA	NA	NA	NA	100%	NA
Pharmacy Pre-Service, Not Urgent	NA	NA	100%	NA	NA	100%	100%
Pharmacy Health Post-Service	100%	NA	NA	NA	NA	NA	NA
Grievances Unrelated to an Adverse Benefit Decision	NA	NA	NA	NA	NA	NA	NA

Timeliness in Making Mental Health and Substance Abuse Grievance Review Decisions

Rule 9-03 requires that 90% of mental health and substance abuse grievance decisions be made within the following specified timeframes for both Level 1 and Level 2:

- mental health and substance abuse service denials/coverage issues requiring concurrent review ≤24 hours
- mental health and substance abuse pre-service denials/coverage issues requiring urgent review ≤72 hours
- mental health and substance abuse pre-service denials/coverage issues not requiring urgent review ≤30 days
- mental health and substance abuse post-service denials/coverage issues ≤60 days

Timeliness in Making Mental Health and Substance Abuse Grievance Review Decisions, July 2009 through June 2010						
	BCBS	CBH	MBH	PrimariLink	TVHP	BCBS PPO
Level 1						
Mental Health And Substance Abuse: Concurrent	NA	90%	100%	NA	NA	100%
Mental Health And Substance Abuse: Pre-Service Urgent	NA	100%	100%	NA	100%	NA
Mental Health And Substance Abuse: Pre-Service Non-Urgent	NA	NA	NA	NA	NA	NA
Mental Health And Substance Abuse: Post-Service	NA	100%	100%	NA	100%	100%
Level 2						
Mental Health And Substance Abuse: Concurrent	NA	100%	NA	NA	NA	NA
Mental Health And Substance Abuse: Pre Service Urgent	NA	NA	NA	NA	NA	NA
Mental Health And Substance Abuse: Pre-Service Non-Urgent	100%	NA	NA	NA	NA	NA
Mental Health And Substance Abuse: Post-service	NA	100%	NA	NA	NA	NA

Grievances Unrelated to an Adverse Benefit Decision: Percent Distribution and Number per 1000 Members

Rule 9-03 requires MCOs to report quality grievances in one of three categories: grievances concerning provider performance and office management, grievances concerning MCO administration, and grievances concerning access to health care services.

Grievances Unrelated to an Adverse Benefit Decision: Percent Distribution and Number per 1000 Members, July 2009 – June 2010										
	BCBS	CBH ⁴⁶	CIGNA	CIGNA PPO	MBH	MVP	MVP PPO	PrimariLink	TVHP	BCBS PPO
Provider Performance & Office Management	17	9	0	0	6	0	3	0	12	9
% of Grievances Unrelated to an Adverse Benefit Decision	57%	69%	NA	NA	46%	0%	10%	NA	55%	69%
Plan Administration	4	1	0	0	6	1	27	0	6	3
% of Grievances Unrelated to an Adverse Benefit Decision	13%	8%	NA	NA	46%	11%	90%	NA	27%	23%
Access to Health Care	9	3	0	0	1	8	0	0	4	1
% of Grievances Unrelated to an Adverse Benefit Decision	30%	23%	NA	NA	8%	89%	0%	NA	18%	8%

⁴⁶ Results are for Network/Network POS, PPO/OAP, Employer Products and State of Vermont Non-ERISA ASO combined.

Grievances Unrelated to an Adverse Benefit Decision: Percent Distribution and Number per 1000 Members, July 2009 – June 2010										
	BCBS	CBH ⁴⁶	CIGNA	CIGNA PPO	MBH	MVP	MVP PPO	PrimariLink	TVHP	BCBS PPO
Total Number of Grievances Unrelated to an Adverse Benefit Decision	30	19	0	0	13	9	30	0	22	13
Number of Grievances Unrelated to an Adverse Benefit Decision per 1000 Members	0.71	0.26	0.00	0.00	0.10	0.88	1.21	0.00	0.71	0.37

Provider Satisfaction

Rule 10/Rule 9-03 requires that MCOs conduct an annual satisfaction survey of their provider network. For the 2010 data filing, MCOs could use their own methodology and survey. The survey methodology is summarized briefly for each MCO.

BCBS and TVHP used a mixed mode methodology (mail, telephone and Internet) to survey both PCP and specialist practices. A total of 222 surveys were completed by 127 PCP practices and 95 specialist practices. The survey used a five-point Likert scale. The results report the top two categories of responses (“satisfied” and “very satisfied”).

CIGNA used the Internet exclusively to conduct a national survey of its PCPs, OB/GYNs and specialists. Physicians were sent an e-mail invitation to visit a website and share their opinion on managed care companies. CIGNA was not identified as the sponsor of the study. Specialist and PCP practice responses were combined for the purposes of reporting the data. Nationally, 4,257 completed surveys were collected. A total of 44 survey responses were collected in the Vermont market.

MVP surveyed primary care office managers by telephone. 358 (52 in VT) interviews were completed with primary care office managers in the MVP Health Care network. The overall refusal rate for the project, meaning of those chosen to participate the number who refused, was 9%.

CBH mailed surveys to the top 5,000 providers nationally based on claims paid. The survey instrument used a five-point Likert scale, and the top two responses are reported. Nationally, 2,023 completed surveys were collected. A total of 48 survey responses were collected in the Vermont market.

MBH utilized a mail-out and fax-back method along with an online survey option for collecting responses to the provider satisfaction survey. Magellan modified its survey tool in 2009. The five-point scale was modified to include a neutral middle score. Positive responses are now reported for the top two positive responses as opposed to the top three in previous reports.

Provider Satisfaction Survey Results

Summary Results of Provider Satisfaction Surveys					
	BCBS VHP + BCBS PPO + TVHP Combined	CIGNA ⁴⁷	CBH	MBH	MVP ⁴⁸
Number of Responses	222 (in Vermont)	44 (in Vermont)	48 (in Vermont)	310 (in Vermont)	52 (in Vermont)
Overall Satisfaction with the MCO	82%	28% (HMO/POS) 29% (PPO)	67% (VT)	72%	73%
Rating of the Claims Payment Process	90% ⁴⁹	39%	NR	70% ⁵⁰	55% ⁵¹
Percent Finding Prior Authorization Process Easy	73% ⁵²	26% ⁵³	38% (VT)	72% ⁵⁴	62%
MCO Compares Better than Other MCOs	56%	NR	NR	84%	21%
Effective Communications With Providers	81% ⁵⁵	38% ⁵⁶	NR	45% ⁵⁷	NR

⁴⁷ Rates for CIGNA HealthCare of VT including CIGNA PPO

⁴⁸ For the Vermont region, includes providers also participating in MVP PPO.

⁴⁹ Timeliness of claims payment.

⁵⁰ Timeliness of claims payment.

⁵¹ Percent very satisfied (highest score on 4-point scale).

⁵² Satisfaction with UM compared with other plans.

⁵³ Precertification process (excellent/very good/good) (excludes high-tech imaging)

⁵⁴ "Timeliness of communicating authorization decisions to you."

⁵⁵ Overall satisfaction and usefulness of provider publications.

⁵⁶ Information and communications

⁵⁷ Satisfied with newsletter.

MCO Actions Taken in Response to Survey Results

MCO Actions Taken in Response to Survey Results					
	BCBS VHP + BCBS PPO + TVHP Combined	CIGNA	CBH	MBH	MVP
Process improvement in claims processing	X	X	X		X
Process improvement in inquiry resolution	X				
Increased interaction with provider community through face to face meetings or focus groups	X	X		X	X
Expanded call center hours		X	X		
Improve timely handling of provider calls			X	X	
Increased reimbursement rates			X		
Improved website		X	X		X
Changed authorization requirements and processes			X	X	

Terminated Physician Contracts

Rule 10/Rule 9-03 requires that MCOs report on Vermont network provider terminations initiated by the MCO over the preceding calendar year. To allow meaningful cross-MCO comparisons, only MCO-terminated physicians are reported in the table below. MCOs actively assessing provider performance and managing provider participation ensures an accessible, up-to-date and high quality network of providers.

Physicians Terminated by MCOs	
	2009
BCBS	0
CIGNA	1 ⁵⁸
CBH	0 ⁵⁹
MBH	1 ⁶⁰
MVP ⁶¹	7
TVHP	0
BCBS PPO	0

⁵⁸ CIGNA reported an additional 29 providers that did not complete the MCO-initiated recredentialing process

⁵⁹ CBH reported an additional 8 providers that did not finish the MCO-initiated recredentialing process or that they were unable to locate the clinician.

⁶⁰ MBH reported 30 providers that closed, became inactive, did not finish the MCO-initiated recredentialing process, resigned, or were terminated from a group.

⁶¹ Includes MVP PPO

Appendix

This appendix contains data that were not included in the main body of the report, but were submitted by the MCOs in response to the Rule 10 data filing requirements. It includes HEDIS[®], CAHPS[®], and Rule 10 and Rule 9-03-specific measures. There has been no statistical analysis performed on these data. Please note that CIGNA PPO and the PPO National and Regional averages were not reported until 2007 and BCBS PPO and MVP PPO were not reported until the current year and therefore are represented by NR (not reported) for prior years.

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Percentage of Adults with Ambulatory or Preventive Visits												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
2004												
20 - 44 yrs	95%	96%	95%	93%	93%	95%		NR	NR	NR	NR	NR
45 - 64 yrs	95%	97%	97%	95%	95%	96%		NR	NR	NR	NR	NR
65+ yrs	90%	99%	99%	98%	96%	97%		NR	NR	NR	NR	NR
2005												
20 - 44 yrs	95%	96%	95%	93%	93%	95%		NR	NR	NR	NR	NR
45 - 64 yrs	96%	97%	96%	95%	95%	96%		NR	NR	NR	NR	NR
65+ yrs	91%	98%	99%	96%	96%	97%		NR	NR	NR	NR	NR
2006												
20 - 44 yrs	96%	96%	96%	94%	93%	95%		NR	NR	NR	NR	NR
45 - 64 yrs	97%	97%	97%	96%	95%	96%		NR	NR	NR	NR	NR
65+ yrs	92%	99%	98%	98%	97%	97%		NR	NR	NR	NR	NR
2007												
20 - 44 yrs	96%	96%	96%	95%	93%	95%		95%	NR	NR	91%	93%
45 - 64 yrs	97%	97%	97%	97%	95%	96%		97%	NR	NR	94%	95%
65+ yrs	92%	98%	98%	98%	97%	97%		97%	NR	NR	95%	97%
2008												
20 - 44 yrs	97%	96%	96%	95%	93%	91%		93%	NR	NR	95%	93%
45 - 64 yrs	98%	97%	97%	97%	95%	94%		95%	NR	NR	97%	95%
65+ yrs	95%	99%	97%	97%	97%	94%		98%	NR	NR	97%	97%
2009												
20 - 44 yrs	97%	96%	96%	95%	94%	96%		93%	94%	93%	92%	94%
45 - 64 yrs	97%	97%	96%	97%	96%	97%		96%	97%	95%	94%	96%
65+ yrs	97%	99%	98%	97%	97%	98%		98%	95%	98%	95%	97%

Percent of Children with One or More Primary Care Visits by Age Group												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
2005												
12 - 24 mos	98%	98%	97%	98%	97%	99%		NR	NR	NR	NR	NR
25 mos – 6 yrs	92%	91%	93%	92%	89%	95%		NR	NR	NR	NR	NR
7 - 11 yrs	92%	94%	94%	95%	89%	96%		NR	NR	NR	NR	NR
12 - 19 yrs	93%	94%	93%	91%	86%	94%		NR	NR	NR	NR	NR
2006												
12 - 24 mos	99%	99%	100%	99%	97%	99%		NR	NR	NR	NR	NR
25 mos – 6 yrs	94%	94%	94%	95%	89%	95%		NR	NR	NR	NR	NR
7 - 11 yrs	96%	94%	95%	98%	89%	96%		NR	NR	NR	NR	NR
12 - 19 yrs	96%	95%	95%	95%	87%	94%		NR	NR	NR	NR	NR
2007												
12 - 24 mos	99%	98%	100%	98%	97%	98%		98%	NR	NR	83%	92%
25 mos – 6 yrs	96%	93%	94%	94%	89%	95%		92%	NR	NR	86%	93%
7 - 11 yrs	96%	95%	96%	97%	90%	96%		91%	NR	NR	88%	94%
12 - 19 yrs	97%	95%	96%	96%	87%	95%		91%	NR	NR	94%	96%
2008												
12 - 24 mos	99%	99%	98%	99%	97%	98%		99%	NR	NR	95%	97%
25 mos – 6 yrs	95%	93%	94%	94%	90%	95%		92%	NR	NR	87%	93%
7 - 11 yrs	96%	95%	96%	96%	90%	96%		94%	NR	NR	87%	95%
12 - 19 yrs	96%	95%	96%	95%	87%	95%		94%	NR	NR	84%	92%
2009												
12 - 24 mos	100%	99%	99%	99%	97%	99%		99%	98%	100%	96%	98%
25 mos – 6 yrs	97%	95%	91%	93%	92%	96%		94%	92%	93%	89%	95%
7 - 11 yrs	97%	96%	97%	96%	91%	97%		95%	98%	95%	89%	96%
12 - 19 yrs	97%	95%	95%	97%	89%	95%		95%	93%	94%	86%	94%

Overall Mental Health Utilization Rates													
	BCBS	CBH	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
2005													
0 - 12 yrs	5%	10%	3%	5%	5%	NA	NA		NR	NR	NR	NR	NR
13 - 17 yrs	12%	21%	8%	11%	11%	NA	NA		NR	NR	NR	NR	NR
18 - 64 yrs	11%	18%	5%	9%	8%	NA	NA		NR	NR	NR	NR	NR
65+ yrs	3%	52%	1%	3%	2%	NA	NA		NR	NR	NR	NR	NR
Total	10%	16%	5%	8%	8%	6%	9%		NR	NR	NR	NR	NR
2006													
0 - 12 yrs	5%	9%	5%	5%	4%	NA	NA		NR	NR	NR	NR	NR
13 - 17 yrs	12%	19%	10%	12%	11%	NA	NA		NR	NR	NR	NR	NR
18 - 64 yrs	11%	17%	8%	10%	9%	NA	NA		NR	NR	NR	NR	NR
65+ yrs	4%	38%	1%	3%	2%	NA	NA		NR	NR	NR	NR	NR
Total	10%	15%	7%	9%	8%	6%	9%		NR	NR	NR	NA	NA
2007													
0 - 12 yrs	5%	9%	6%	5%	4%	NA	NA		5%	NR	NR	NA	NA
13 - 17 yrs	12%	17%	11%	12%	9%	NA	NA		11%	NR	NR	NA	NA
18 - 64 yrs	11%	14%	11%	10%	8%	NA	NA		8%	NR	NR	NA	NA
65+ yrs	4%	1%	2%	4%	1%	NA	NA		5%	NR	NR	NA	NA
Total	10%	12%	10%	9%	8%	6%	9%		8%	NR	NR	5%	8%
2008													
0 - 12 yrs	4%	6%	7%	5%	4%	NA	NA		5%	NR	NR	NA	NA
13 - 17 yrs	12%	11%	14%	12%	10%	NA	NA		10%	NR	NR	NA	NA
18 - 64 yrs	10%	9%	11%	10%	9%	NA	NA		8%	NR	NR	NA	NA
65+ yrs	4%	5%	3%	3%	2%	NA	NA		5%	NR	NR	NA	NA
Total	9%	9%	11%	9%	8%	6%	9%		8%	NR	NR	5%	8%
2009													
0 - 12 yrs	5%	6%	8%	5%	5%	NA	NA		6%	5%	6%	NA	NA
13 - 17 yrs	11%	12%	14%	10%	9%	NA	NA		11%	10%	12%	NA	NA
18 - 64 yrs	10%	9%	11%	10%	9%	NA	NA		8%	8%	12%	NA	NA
65+ yrs	5%	6%	4%	3%	2%	NA	NA		6%	2%	3%	NA	NA
Total	9%	9%	11%	9%	9%	6%	9%		8%	8%	12%	6%	9%

Percentage of Members Identified as Receiving Alcohol and Other Drug Services												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
2005												
0 - 12 yrs	0.0%	0.1%	0.0%	0.0%	NA	NA		NR	NR	NR	NR	NR
13 - 17 yrs	2.1%	1.3%	2.0%	1.4%	NA	NA		NR	NR	NR	NR	NR
18 - 24 yrs	2.6%	1.6%	3.1%	2.4%	NA	NA		NR	NR	NR	NR	NR
25 - 34 yrs	0.8%	1.2%	1.3%	1.7%	NA	NA		NR	NR	NR	NR	NR
35 - 64 yrs	0.8%	0.9%	1.4%	1.2%	NA	NA		NR	NR	NR	NR	NR
65+ yrs	0.7%	0.0%	0.8%	0.0%	NA	NA		NR	NR	NR	NR	NR
Total	1.0%	0.9%	1.4%	1.2%	0.8%	0.9%		NR	NR	NR	NR	NR
2006												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		NR	NR	NR	NR	NR
13 - 17 yrs	2.4%	1.5%	2.9%	1.7%	NA	NA		NR	NR	NR	NR	NR
18 - 24 yrs	2.5%	2.5%	3.5%	2.8%	NA	NA		NR	NR	NR	NR	NR
25 - 34 yrs	0.9%	2.1%	1.8%	1.5%	NA	NA		NR	NR	NR	NR	NR
35 - 64 yrs	0.9%	1.5%	1.6%	1.3%	NA	NA		NR	NR	NR	NR	NR
65+ yrs	0.3%	0.7%	1.5%	1.4%	NA	NA		NR	NR	NR	NR	NR
Total	1.0%	1.4%	1.7%	1.3%	0.8%	1.0%		NR	NR	NR	NR	NR
2007												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		0.1%	NR	NR	NA	NA
13 - 17 yrs	1.9%	1.5%	1.8%	1.8%	NA	NA		1.7%	NR	NR	NA	NA
18 - 24 yrs	3.4%	2.7%	3.3%	2.8%	NA	NA		2.7%	NR	NR	NA	NA
25 - 34 yrs	0.4%	2.0%	2.6%	2.0%	NA	NA		2.0%	NR	NR	NA	NA
35 - 64 yrs	0.9%	1.4%	1.5%	1.4%	NA	NA		1.2%	NR	NR	NA	NA
65+ yrs	0.7%	1.0%	0.5%	1.1%	NA	NA		0.5%	NR	NR	NA	NA
Total	1.1%	1.4%	1.6%	1.4%	0.9%	1.2%		1.2%	NR	NR	0.8%	1.0%
2008												
0 - 12 yrs	0.0%	0.0%	0.0%	0.0%	NA	NA		0.0%	NR	NR	NA	NA
13 - 17 yrs	2.0%	2.1%	2.6%	2.4%	NA	NA		1.9%	NR	NR	NA	NA
18 - 24 yrs	3.0%	2.9%	3.3%	3.1%	NA	NA		2.7%	NR	NR	NA	NA
25 - 34 yrs	1.0%	2.2%	2.3%	2.2%	NA	NA		1.8%	NR	NR	NA	NA
35 - 64 yrs	1.0%	1.4%	1.6%	1.5%	NA	NA		1.2%	NR	NR	NA	NA
65+ yrs	1.0%	0.3%	0.7%	0.3%	NA	NA		0.9%	NR	NR	NA	NA
Total	1.1%	1.5%	1.7%	1.6%	1.0%	1.3%		1.3%	NR	NR	0.9%	1.1%

Percentage of Members Identified as Receiving Alcohol and Other Drug Services												
	BCBS	CIGNA	MVP	TVHP	MCO (w/o PPO) National Average	MCO (w/o PPO) Regional Average		CIGNA PPO	MVP PPO	BCBS PPO	PPO National Average	PPO Regional Average
2009												
0 - 12 yrs	0.0%	0.1%	0.0%	0.0%	NA	NA		0.0%	0.1%	0.0%	NA	NA
13 - 17 yrs	1.7%	2.2%	1.4%	2.2%	NA	NA		1.5%	1.5%	2.1%	NA	NA
18 - 24 yrs	3.0%	2.8%	3.2%	2.6%	NA	NA		2.9%	3.8%	4.4%	NA	NA
25 - 34 yrs	1.2%	2.0%	2.8%	1.9%	NA	NA		2.0%	3.5%	4.4%	NA	NA
35 - 64 yrs	1.0%	1.5%	1.7%	1.5%	NA	NA		1.3%	1.9%	2.5%	NA	NA
65+ yrs	1.0%	1.0%	1.0%	1.0%	NA	NA		0.9%	1.7%	0.6%	NA	NA
Total	1.1%	1.5%	1.7%	1.5%	1.0%	1.3%		1.3%	2.1%	2.7%	0.9%	1.3%

Total Inpatient Discharges General Hospital/Acute Care /1000 Members by Age - MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	77	72	63	51	118	41	71	57	103	120	87	84	122	118	87	44	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	11	11	10	12	7	8	11	9	16	14	17	13	19	10	7	13	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	18	12	11	11	13	12	17	11	10	12	18	16	18	13	14	11	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	56	54	51	48	46	50	48	50	53	48	51	48	52	46	50	49	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	51	43	43	40	46	44	54	46	61	52	54	56	54	49	46	44	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	99	70	106	114	117	132	119	124	166	199	112	130	105	119	109	105	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	115	147	222	196	125	240	165	80	310	294	125	261	251	233	122	423	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	364	0	500	0	0	0	375	235	136	333	1059	0	0	0	444	NA	NA	NA	NA	NA	NA	NA	NA
Total	45	39	39	37	38	38	43	40	50	46	46	47	47	41	41	40	57	57	57	57	52	51	53	53

Total Inpatient Discharges General Hospital/Acute Care /1000 Members by Age - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO		PPO National Average		PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	61	51	62	68	54	NA	NA	NA	NA	NA	NA
1 - 9	11	13	12	8	12	NA	NA	NA	NA	NA	NA
10 - 19	14	12	16	14	15	NA	NA	NA	NA	NA	NA
20 - 44	42	41	40	41	36	NA	NA	NA	NA	NA	NA
45 - 64	47	46	49	50	57	NA	NA	NA	NA	NA	NA
65 - 74	129	137	125	82	82	NA	NA	NA	NA	NA	NA
75 - 84	237	247	229	221	152	NA	NA	NA	NA	NA	NA
85+	316	384	290	453	228	NA	NA	NA	NA	NA	NA
Total	46	45	46	40	44	55	56	53	49	50	49

Inpatient Average Length of Stay General Hospital/Acute Care by Age - MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	3.3	7.1	2.7	4.3	7.9	2.8	10.9	25.5	5.6	4.1	3.1	6.3	5.5	3.4	2.6	10.8	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	9.7	10.4	2.6	3.1	6.3	2.0	5.0	3.4	2.7	3.7	3.2	2.8	3.7	2.9	2.2	2.5	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	3.7	4.6	3.4	5.3	3.2	2.9	3.4	3.5	2.1	3.9	4.0	5.4	4.3	4.8	3.2	3.2	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	3.1	2.9	2.5	3	3.1	3.2	3.1	2.9	2.7	3.1	2.9	2.4	3.0	2.8	2.5	3.2	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4.4	4.0	3.9	4.6	4.3	4.4	4.2	4.5	2.1	4.0	3.5	3.4	4.2	4.4	4.0	4.2	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	5.8	6.8	4.0	4.6	5.9	3.8	4.9	2.9	2.1	3.6	3.7	4.7	3.6	4.9	5.0	4.4	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	3.9	3.8	4.8	2.7	6.3	3.5	4.0	3.0	4.1	3.1	2.2	4.6	6.2	5.6	16.2	5.4	NA	NA	NA	NA	NA	NA	NA	NA
85+	NA	5.0	NA	14	NA	0.0	NA	3.0	2.0	3.0	5.7	1.7	NA	0.0	NA	8	NA	NA	NA	NA	NA	NA	NA	NA
Total	4.0	3.9	3.3	3.9	4.0	3.6	3.9	4.0	2.4	3.6	3.3	3.3	3.7	3.7	3.3	3.8	3.6	3.5	3.7	3.7	3.6	3.8	3.7	3.8

Inpatient Average Length of Stay General Hospital/Acute Care by Age - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	2.4	2.5	2.7	2.0	1.9	NA	NA	NA	NA	NA	NA
1 - 9	4.8	3.5	4.2	1.8	2.8	NA	NA	NA	NA	NA	NA
10 - 19	3.2	4.9	4.0	2.2	3.7	NA	NA	NA	NA	NA	NA
20 - 44	3.3	3.0	3.1	2.4	3.5	NA	NA	NA	NA	NA	NA
45 - 64	4.0	4.2	4.5	3.6	4.5	NA	NA	NA	NA	NA	NA
65 - 74	4.7	4.8	5.5	2.4	5.1	NA	NA	NA	NA	NA	NA
75 - 84	6.6	6.2	6.9	2.5	4.6	NA	NA	NA	NA	NA	NA
85+	7.6	6.9	6.8	2.5	2.4	NA	NA	NA	NA	NA	NA
Total	4.2	4.2	4.5	3.0	4.2	3.4	3.7	3.7	3.6	3.8	3.8

Inpatient Days General Hospital/Acute Care /1000 Members by Age – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	252	506	169	216	935	117	778	1444	576	493	272	531	667	403	222	479	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	111	111	27	36	46	16	54	31	43	51	53	36	70	28	15	33	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	65	55	38	58	42	35	58	40	22	48	70	86	78	61	43	35	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	171	160	130	141	143	157	149	144	144	152	146	118	154	131	124	154	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	226	174	166	186	201	190	228	208	126	207	188	192	231	218	183	187	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	574	475	417	530	698	510	582	359	344	713	416	605	376	584	547	464	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	443	554	1064	533	789	840	660	239	1267	906	282	1200	1547	1296	1975	2267	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	1818	0	7000	0	0	0	1125	471	409	1889	1765	0	0	0	3556	NA	NA	NA	NA	NA	NA	NA	NA
Total	178	154	128	146	151	140	168	158	120	164	151	152	173	154	136	151	206	206	212	212	190	192	198	201

Inpatient Days General Hospital/Acute Care /1000 Members by Age – PPO Only											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	147	128	168	136	101	NA	NA	NA	NA	NA	NA
1 - 9	53	44	50	14	34	NA	NA	NA	NA	NA	NA
10 - 19	44	60	63	31	55	NA	NA	NA	NA	NA	NA
20 - 44	142	124	123	99	128	NA	NA	NA	NA	NA	NA
45 - 64	189	190	221	177	260	NA	NA	NA	NA	NA	NA
65 - 74	609	654	683	199	422	NA	NA	NA	NA	NA	NA
75 - 84	1560	1543	1589	553	697	NA	NA	NA	NA	NA	NA
85+	2407	2665	1976	1132	548	NA	NA	NA	NA	NA	NA
Total	196	189	206	118	183	188	201	199	176	187	188

Inpatient Discharges/1000 Members by Age – Maternity – MCO w/o PPO																		
	BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
Age (yrs)	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
10 – 19	1.16	1.21	0.63	1.95	2.16	1.93	0.71	1.83	1.59	1.66	2.70	1.31	NA	NA	NA	NA	NA	NA
20 – 44	36.54	35.92	34.34	28.82	26.7	29.57	28.74	31.43	30.12	28.93	30.21	31.22	NA	NA	NA	NA	NA	NA
45 – 64	0.12	0.17	0.06	0.09	0.00	0.32	0.12	0.25	0.16	0.10	0.09	0.32	NA	NA	NA	NA	NA	NA
Total	13.72	13.31	12.36	11.71	10.56	11.27	11.72	12.93	11.89	12.40	12.66	12.64	15.90	15.06	14.67	13.28	12.77	12.33

Inpatient Discharges/1000 Members by Age – Maternity - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
10 – 19	2.20	1.31	0.85	0.43	1.33	NA	NA	NA	NA	NA	NA
20 – 44	25.22	21.73	23.18	25.11	18.05	NA	NA	NA	NA	NA	NA
45 – 64	0.00	0.00	0.00	0.14	0.00	NA	NA	NA	NA	NA	NA
Total	10.04	8.45	8.53	10.48	7.00	14.88	14.72	14.28	12.9	12.21	12.44

Inpatient Days/1000 Members by Age -- Maternity - MCO w/o PPO																		
	BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
Age (yrs)	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
10 – 19	2.91	2.12	1.26	4.78	6.97	4.96	1.77	7.69	2.64	4.16	6.48	3.40	NA	NA	NA	NA	NA	NA
20 – 44	86.80	73.6	90.52	80.16	79.87	82.05	82.13	77.18	64.24	71.47	63.23	76.35	NA	NA	NA	NA	NA	NA
45 – 64	0.41	0.52	2.02	0.38	0.00	1.06	0.25	0.62	0.33	0.39	0.09	0.89	NA	NA	NA	NA	NA	NA
Total	32.67	27.29	33.38	32.50	31.69	31.28	33.42	32.25	25.23	30.70	26.59	30.98	43.28	41.44	40.49	38.18	37.1	36.44

Inpatient Days/1000 Members by Age -- Maternity - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
10 – 19	5.61	3.27	2.05	0.87	2.67	NA	NA	NA	NA	NA	NA
20 – 44	74.49	60.45	64.64	56.14	47.78	NA	NA	NA	NA	NA	NA
45 – 64	0.00	0.00	0.00	0.14	0.00	NA	NA	NA	NA	NA	NA
Total	29.52	23.46	23.74	23.33	18.42	37.54	40.16	39.25	35.14	36.77	37.35

Inpatient Average Length of Stay (ALOS)/1000 Members by Age – Maternity – MCO w/o PPO																		
	BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
Age (yrs)	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
10 – 19	2.50	1.75	2.00	2.44	3.22	2.57	2.50	4.20	1.67	2.50	2.40	2.60	NA	NA	NA	NA	NA	NA
20 – 44	2.38	2.05	2.64	2.78	2.99	2.77	2.86	2.46	2.13	2.47	2.09	2.45	NA	NA	NA	NA	NA	NA
45 – 64	3.50	3.00	35.00	4.00	NA	3.33	2.00	2.50	2.00	4.00	1.00	2.75	NA	NA	NA	NA	NA	NA
Total	2.38	2.05	2.70	2.78	3.00	2.78	2.85	2.49	2.12	2.48	2.10	2.45	2.74	2.76	2.74	2.84	2.91	2.97

Inpatient Average Length of Stay (ALOS)/1000 Members by Age – Maternity – PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
10 – 19	2.56	2.50	2.43	2.00	2.00	NA	NA	NA	NA	NA	NA
20 – 44	2.95	2.78	2.79	2.24	2.65	NA	NA	NA	NA	NA	NA
45 – 64	NA	NA	NA	1.00	NA	NA	NA	NA	NA	NA	NA
Total	2.94	2.78	2.78	2.23	2.63	2.53	2.74	2.76	2.72	3.00	2.99

Inpatient Discharges/1000 Members by Age -- Non-acute – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	0.0	0.0	0.0	0.0	7.0	17.2	11.9	4.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	0.0	0.0	0.2	0.0	0.7	0.0	0.4	0.0	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	0.3	0.3	0.2	0.0	0.2	0.0	0.0	0.0	0.0	0.7	0.0	0.5	0.0	0.8	0.3	0.0	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	0.3	0.4	0.3	0.0	0.7	0.5	0.1	0.3	1.0	0.4	0.4	0.2	0.6	0.3	0.5	0.0	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	2.0	2.5	1.2	0.6	2.9	2.4	2.6	3.5	3.7	3.3	3.2	4.2	2.3	2.0	1.3	0.6	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	9.7	10.2	2.3	1.1	9.5	16.9	5.7	11.6	8.2	14.7	8.2	0.0	11.3	8.0	3.4	2.8	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	0.0	16.3	73.9	14.0	0.0	120.0	82.5	0.0	51.7	0.0	0.0	52.2	41.8	99.7	0.0	0.0	NA	NA	NA	NA	NA	NA	NA	NA
85+	0.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	352.9	136.4	222.2	0.0	0.0	0.0	0.0	0.0	NA	NA	NA	NA	NA	NA	NA	NA
Total	1.1	1.4	0.8	0.3	1.6	1.5	1.3	1.7	2.1	1.8	1.7	2.0	1.3	1.2	0.8	0.3	2.0	1.8	2.0	2.1	2.3	2.5	2.6	2.9

Inpatient Discharges/1000 Members by Age -- Non-acute - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	16.8	0.0	0.0	0.0	0.0	NA	NA	NA	NA	NA	NA
1 - 9	0.2	0.2	0.6	0.0	0.0	NA	NA	NA	NA	NA	NA
10 - 19	0.0	0.6	0.1	0.0	0.0	NA	NA	NA	NA	NA	NA
20 - 44	0.6	0.5	0.5	0.4	0.1	NA	NA	NA	NA	NA	NA
45 - 64	2.5	2.4	2.2	1.6	1.9	NA	NA	NA	NA	NA	NA
65 - 74	6.6	9.0	6.0	7.5	2.0	NA	NA	NA	NA	NA	NA
75 - 84	24.9	17.1	19.2	165.9	0.0	NA	NA	NA	NA	NA	NA
85+	39.2	57.4	62.1	0.0	0.0	NA	NA	NA	NA	NA	NA
Total	2.2	2.1	2.0	1.1	1.0	1.7	1.7	1.8	2.2	2.0	2.3

Inpatient Average Length of Stay (ALOS) by Age -- Non-acute – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	NA	NA	NA	NA	2	5	15	5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	NA	NA	14	NA	32	NA	16	NA	NA	NA	3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	12	30	8	NA	1	NA	NA	NA	NA	36	NA	10	NA	30	17	NA	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	25	16	41	NA	8	18	94	14	19	10	12	6	14	8	19	NA	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	16	14	10	16	10	16	19	12	15	11	15	12	15	14	10	10	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	8	12	18	7	8	9	8	9	15	13	19	NA	5	6	14	5	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	NA	22	5	8	NA	21	9	NA	17	NA	NA	15	2	18	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
85+	NA	NA	NA	21	NA	NA	NA	NA	15	1	22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Total	15	14	13	15	10	14	20	12	16	12	15	12	13	15	13	10	15	15	15	15	14	15	15	15

Inpatient Average Length of Stay (ALOS) by Age -- Non-acute - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	8	11	20	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	NA	29	43	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	16	10	10	12	1	NA	NA	NA	NA	NA	NA
45 - 64	12	13	14	11	12	NA	NA	NA	NA	NA	NA
65 - 74	24	20	16	14	6	NA	NA	NA	NA	NA	NA
75 - 84	32	50	41	7	NA	NA	NA	NA	NA	NA	NA
85+	32	27	39	NA	NA	NA	NA	NA	NA	NA	NA
Total	19	21	23	11	12	17	18	18	17	15	16

Inpatient Days/1000 Members by Age -- Non-acute – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	0	0	0	0	14	83	175	24	0	0	0	0	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	0	0	3	0	22	0	6	0	0	0	2	0	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	3	9	1	0	0	0	0	0	0	26	0	5	0	25	5	0	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	7	7	12	0	6	9	11	4	18	4	5	1	8	2	9	0	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	31	34	11	9	28	37	50	43	57	36	47	51	35	29	14	6	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	76	120	39	7	76	149	43	104	123	197	156	0	60	52	48	14	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	0	359	369	112	0	2480	742	0	879	0	0	783	84	1795	0	0	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	0	0	10500	0	0	0	0	5294	136	4889	0	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Total	16	20	10	5	15	22	26	20	34	22	25	23	17	18	10	3	33	26	27	28	26	38	33	38

Inpatient Days/1000 Members by Age -- Non-acute - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	40	0	0	0	0	NA	NA	NA	NA	NA	NA
1 - 9	2	2	12	0	0	NA	NA	NA	NA	NA	NA
10 - 19	0	16	5	0	0	NA	NA	NA	NA	NA	NA
20 - 44	10	5	6	5	0	NA	NA	NA	NA	NA	NA
45 - 64	29	31	31	18	24	NA	NA	NA	NA	NA	NA
65 - 74	159	181	98	105	12	NA	NA	NA	NA	NA	NA
75 - 84	806	859	793	1217	0	NA	NA	NA	NA	NA	NA
85+	1238	1574	2411	0	0	NA	NA	NA	NA	NA	NA
Total	43	44	46	12	11	29	30	31	38	31	38

Ambulatory Visits/1000 Members by Age – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	12810	12200	11315	11709	11204	11362	11234	11948	11946	11496	11740	11781	12370	12149	11253	11463	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	3836	3784	3793	3862	3645	3652	3699	3874	3684	3567	3465	3600	3525	3482	3434	3430	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	2922	2850	2850	3010	2812	2832	2895	3104	2770	2743	2698	2901	2700	2755	2642	2778	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	3411	3393	3238	3381	3308	3418	3480	3724	3157	3127	3220	3300	3284	3122	2972	3026	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	4817	4774	4647	4798	4528	4616	4761	5031	4479	4364	4460	4652	4595	4403	4074	4168	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	6297	6297	5941	6615	6638	7104	7281	7001	6918	6741	6407	6853	5889	6213	6058	6412	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	7699	7614	8424	9266	6727	9000	8536	8332	9491	9061	8115	7878	7777	7845	7595	9068	NA	NA	NA	NA	NA	NA	NA	NA
85+	26526	33455	18545	10000	12000	5455	6333	10875	10824	12545	14333	14471	8571	5143	7059	6000	NA	NA	NA	NA	NA	NA	NA	NA
Total	4069	4042	3950	4115	3816	3923	4030	4296	3812	3746	3801	3982	3833	3708	3517	3612	3561	3671	3932	4106	4124	4097	4358	4517

Ambulatory Visits/1000 Members by Age – PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	10910	11032	11398	11251	11060	NA	NA	NA	NA	NA	NA
1 - 9	3483	3525	3594	3285	3545	NA	NA	NA	NA	NA	NA
10 - 19	2668	2674	2821	2546	2963	NA	NA	NA	NA	NA	NA
20 - 44	2741	2754	2912	2779	3148	NA	NA	NA	NA	NA	NA
45 - 64	4177	4153	4352	4004	4561	NA	NA	NA	NA	NA	NA
65 - 74	7438	6735	7069	6062	6870	NA	NA	NA	NA	NA	NA
75 - 84	9277	8911	9571	8848	10106	NA	NA	NA	NA	NA	NA
85+	8388	8653	9426	19245	9947	NA	NA	NA	NA	NA	NA
Total	3748	3695	3909	3395	3938	3560	3840	3988	3892	4149	4299

Ambulatory Visits/1000 Members by Age -- Emergency Room – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	224	222	240	204	264	341	357	326	254	246	260	320	270	267	217	226	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	189	186	180	198	191	300	216	225	183	186	187	204	197	185	186	186	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	243	245	237	239	231	359	265	283	210	230	233	240	250	219	226	215	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	212	211	211	211	231	348	257	256	222	217	234	230	236	233	219	211	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	175	177	169	180	157	261	174	182	168	183	187	191	192	173	170	162	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	215	220	219	242	213	377	258	234	218	249	219	234	270	223	268	239	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	263	359	488	589	291	400	289	159	569	661	439	104	251	399	425	786	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	1091	0	500	4000	364	667	1875	471	545	889	1059	0	0	0	667	NA	NA	NA	NA	NA	NA	NA	NA
Total	200	201	196	202	201	313	223	228	197	204	212	214	218	204	198	190	201	201	195	197	218	215	219	224

Ambulatory Visits/1000 Members by Age -- Emergency Room – PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	187	218	220	204	225	NA	NA	NA	NA	NA	NA
1 - 9	161	181	187	179	218	NA	NA	NA	NA	NA	NA
10 - 19	210	213	205	228	272	NA	NA	NA	NA	NA	NA
20 - 44	190	197	189	217	249	NA	NA	NA	NA	NA	NA
45 - 64	143	150	146	178	198	NA	NA	NA	NA	NA	NA
65 - 74	223	220	190	202	221	NA	NA	NA	NA	NA	NA
75 - 84	369	380	339	995	232	NA	NA	NA	NA	NA	NA
85+	434	453	491	453	411	NA	NA	NA	NA	NA	NA
Total	178	184	178	200	226	191	181	182	200	204	205

Ambulatory Procedures/1000 Members by Age – Surgery – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	58	20	74	108	94	131	131	278	117	148	266	118	53	26	52	89	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	31	13	41	44	30	55	28	40	41	40	50	58	36	16	31	37	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	32	20	41	50	26	44	32	43	35	34	42	59	29	20	37	42	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	67	36	96	135	82	143	98	169	90	97	131	136	69	36	95	120	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	158	90	252	293	228	353	245	298	257	253	281	286	146	91	229	250	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	222	135	297	370	346	566	344	405	379	387	372	392	244	175	340	336	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	164	114	502	322	581	640	247	359	310	294	439	522	334	199	577	544	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	727	0	0	4000	0	0	0	235	273	222	353	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Total	97	54	149	182	123	201	141	193	147	150	177	187	92	55	138	160	126	126	151	160	128	124	162	181

Ambulatory Procedures/1000 Members by Age – Surgery -- PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	97	94	176	128	132	NA	NA	NA	NA	NA	NA
1 - 9	34	31	39	21	47	NA	NA	NA	NA	NA	NA
10 - 19	33	33	43	45	49	NA	NA	NA	NA	NA	NA
20 - 44	71	70	111	108	113	NA	NA	NA	NA	NA	NA
45 - 64	217	208	256	231	262	NA	NA	NA	NA	NA	NA
65 - 74	353	337	588	352	336	NA	NA	NA	NA	NA	NA
75 - 84	369	375	919	387	375	NA	NA	NA	NA	NA	NA
85+	280	248	1047	1585	228	NA	NA	NA	NA	NA	NA
Total	137	132	193	148	176	121	147	158	112	145	172

Ambulatory Stays/1000 Members by Age -- Observation Room – MCO w/o PPO																								
	BCBS				CIGNA				MVP				TVHP				MCO (w/o PPO) National Average				MCO (w/o PPO) Regional Average			
Age (yrs)	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009	2006	2007	2008	2009
<1 year	31	26	38	10	3	10	8	14	15	33	19	25	32	66	39	36	NA	NA	NA	NA	NA	NA	NA	NA
1 - 9	9	9	6	6	2	4	5	3	3	4	7	9	10	8	6	5	NA	NA	NA	NA	NA	NA	NA	NA
10 - 19	8	5	4	4	0	3	4	2	2	3	4	1	6	6	7	3	NA	NA	NA	NA	NA	NA	NA	NA
20 - 44	16	17	8	7	3	7	8	7	7	7	9	4	19	17	7	6	NA	NA	NA	NA	NA	NA	NA	NA
45 - 64	24	24	10	9	4	6	7	7	11	12	13	10	27	25	8	8	NA	NA	NA	NA	NA	NA	NA	NA
65 - 74	42	27	17	20	3	14	14	14	25	23	25	7	38	68	44	28	NA	NA	NA	NA	NA	NA	NA	NA
75 - 84	33	16	44	28	0	0	0	0	52	49	0	0	0	33	0	0	NA	NA	NA	NA	NA	NA	NA	NA
85+	0	0	0	0	0	0	0	1125	118	0	0	353	0	0	0	0	NA	NA	NA	NA	NA	NA	NA	NA
Total	18	17	9	7	3	6	7	6	8	8	10	7	20	19	8	7	10	10	9	8	11	10	9	7

Ambulatory Stays/1000 Members by Age -- Observation Room - PPO											
	CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
Age (yrs)	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
<1 year	2	6	15	34	78	NA	NA	NA	NA	NA	NA
1 - 9	1	4	5	2	4	NA	NA	NA	NA	NA	NA
10 - 19	1	2	2	2	4	NA	NA	NA	NA	NA	NA
20 - 44	5	5	3	5	6	NA	NA	NA	NA	NA	NA
45 - 64	4	6	5	7	9	NA	NA	NA	NA	NA	NA
65 - 74	6	10	10	34	12	NA	NA	NA	NA	NA	NA
75 - 84	6	14	13	111	18	NA	NA	NA	NA	NA	NA
85+	12	21	33	0	0	NA	NA	NA	NA	NA	NA
Total	4	5	4	6	8	10	7	7	8	6	6

Outpatient Prescription Drug Utilization: Average Number of Prescriptions Per Member Per Year and Average Prescription Costs Per Member Per Month, 2006 – 2009		
	# PMPY	Cost PMPM
BCBS		
2006	12.0	\$56.71
2007	12.4	\$60.97
2008	14.4	\$64.85
2009	14.2	\$64.57
CIGNA		
2006	11.3	\$54.83
2007	11.4	\$55.49
2008	12.1	\$62.00
2009	12.5	\$67.66
MVP		
2006	12.4	\$60.29
2007	11.4	\$56.86
2008	11.6	\$61.10
2009	11.9	\$66.24
TVHP		
2006	11.6	\$53.85
2007	11.3	\$54.53
2008	12.8	\$54.26
2009	12.8	\$54.86
National Average MCO (w/o PPO)		
2006	11.55	\$53.89
2007	12.19	\$54.05
2008	12.13	\$59.22
2009	12.71	\$63.36
Regional Average MCO (w/o PPO)		
2006	12.07	\$59.06
2007	12.07	\$60.70
2008	12.93	\$64.72
2009	13.34	\$68.36

Outpatient Prescription Drug Utilization: Average Number of Prescriptions Per Member Per Year and Average Prescription Costs Per Member Per Month, 2005 – 2009		
Cost PMPM	Cost PMPM	Cost PMPM
CIGNA PPO		
2007	11.19	\$51.16
2008	11.03	\$50.96
2009	11.42	\$55.26
MVP PPO		
2009	10.93	\$57.70
BCBS PPO		
2009	15.84	\$70.50
National Average PPO		
2007	11.03	\$51.32
2008	10.86	\$57.86
2009	11.28	\$61.15
Regional Average PPO		
2007	11.61	\$60.10
2008	11.28	\$59.85
2009	11.62	\$64.06

Antibiotic Utilization: Average Number of Antibiotic Prescriptions Per Member Per Year By Age, 2006-2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
2006							
0 - 9 yrs	0.96	0.88	NR	0.97	NR	0.94	NR
10 - 17 yrs	0.62	0.59	NR	0.60	NR	0.64	NR
18 - 34 yrs	0.71	0.61	NR	0.62	NR	0.67	NR
35 - 49 yrs	0.69	0.65	NR	0.61	NR	0.66	NR
50 - 64 yrs	0.83	0.73	NR	0.69	NR	0.78	NR
65 - 74 yrs	0.92	1.17	NR	0.82	NR	0.81	NR
75 - 84 yrs	1.05	0.63	NR	1.67	NR	0.67	NR
85+ yrs	6.32	NA	NR	0.24	NR	0.00	NR
Total	0.76	0.69	NR	0.67	NR	0.72	NR
2007							
0 - 9 yrs	0.93	0.89	0.85	0.86	NR	0.88	NR
10 - 17 yrs	0.62	0.59	0.56	0.55	NR	0.61	NR
18 - 34 yrs	0.67	0.59	0.57	0.61	NR	0.63	NR
35 - 49 yrs	0.67	0.65	0.58	0.60	NR	0.59	NR
50 - 64 yrs	0.80	0.72	0.72	0.71	NR	0.76	NR
65 - 74 yrs	0.85	1.10	0.87	0.84	NR	0.79	NR
75 - 84 yrs	0.99	1.23	1.18	1.20	NR	0.80	NR
85+ yrs	5.09	0.00	0.75	0.82	NR	0.00	NR
Total	0.74	0.68	0.65	0.66	NR	0.67	NR
2008							
0 - 9 yrs	1.27	0.85	0.81	0.81	NR	1.09	NR
10 - 17 yrs	0.71	0.61	0.50	0.51	NR	0.70	NR
18 - 34 yrs	0.80	0.60	0.54	0.61	NR	0.72	NR
35 - 49 yrs	0.80	0.64	0.55	0.62	NR	0.71	NR
50 - 64 yrs	0.92	0.71	0.66	0.73	NR	0.84	NR
65 - 74 yrs	1.10	1.05	0.88	0.73	NR	1.14	NR
75 - 84 yrs	1.54	1.68	1.32	0.91	NR	1.06	NR
85+ yrs	4.36	0.00	1.32	1.56	NR	1.41	NR
Total	0.88	0.68	0.61	0.66	NR	0.79	NR

Antibiotic Utilization: Average Number of Antibiotic Prescriptions Per Member Per Year By Age, 2006-2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
2009							
0 - 9 yrs	1.09	0.80	0.85	0.43	0.81	0.95	0.45
10 - 17 yrs	0.70	0.58	0.55	0.25	0.55	0.65	0.27
18 - 34 yrs	0.77	0.60	0.57	0.27	0.59	0.69	0.32
35 - 49 yrs	0.75	0.61	0.57	0.30	0.55	0.66	0.36
50 - 64 yrs	0.89	0.69	0.68	0.34	0.67	0.79	0.40
65 - 74 yrs	1.09	0.82	0.80	0.41	0.82	1.00	0.49
75 - 84 yrs	1.65	0.63	1.57	0.47	1.16	1.66	0.88
85+ yrs	1.00	0.00	1.23	0.00	3.40	0.44	1.00
Total	0.84	0.65	0.63	0.31	0.62	0.74	0.37

Average Number of Prescriptions Per Member Per Year for Antibiotics of Concern By Age, 2006 - 2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
2006							
0 - 9 yrs	0.37	0.33	NR	0.43	NR	0.41	NR
10 - 17 yrs	0.20	0.19	NR	0.20	NR	0.20	NR
18 - 34 yrs	0.27	0.23	NR	0.23	NR	0.27	NR
35 - 49 yrs	0.29	0.27	NR	0.27	NR	0.28	NR
50 - 64 yrs	0.36	0.32	NR	0.32	NR	0.35	NR
65 - 74 yrs	0.42	0.48	NR	0.39	NR	0.43	NR
75 - 84 yrs	0.39	0.11	NR	0.64	NR	0.27	NR
85+ yrs	1.26	NA	NR	0.00	NR	0.00	NR
Total	0.30	0.27	NR	0.29	NR	0.30	NR
2007							
0 - 9 yrs	0.39	0.40	0.36	0.38	NR	0.37	NR
10 - 17 yrs	0.21	0.19	0.21	0.20	NR	0.20	NR
18 - 34 yrs	0.27	0.24	0.23	0.24	NR	0.25	NR
35 - 49 yrs	0.3	0.31	0.28	0.27	NR	0.27	NR
50 - 64 yrs	0.35	0.34	0.33	0.32	NR	0.33	NR
65 - 74 yrs	0.40	0.46	0.41	0.43	NR	0.35	NR
75 - 84 yrs	0.62	0.39	0.55	0.49	NR	0.47	NR
85+ yrs	0.36	0.00	0.33	0.27	NR	0.00	NR
Total	0.31	0.30	0.29	0.28	NR	0.28	NR
2008							
0 - 9 yrs	0.59	0.36	0.34	0.38	NR	0.51	NR
10 - 17 yrs	0.23	0.21	0.18	0.18	NR	0.22	NR
18 - 34 yrs	0.33	0.26	0.23	0.25	NR	0.30	NR
35 - 49 yrs	0.38	0.31	0.26	0.30	NR	0.32	NR
50 - 64 yrs	0.43	0.33	0.31	0.34	NR	0.38	NR
65 - 74 yrs	0.52	0.45	0.41	0.33	NR	0.56	NR
75 - 84 yrs	0.80	0.30	0.62	0.44	NR	0.70	NR
85+ yrs	1.09	0.00	0.48	0.89	NR	0.00	NR
Total	0.39	0.30	0.27	0.29	NR	0.34	NR
2009							
0 - 9 yrs	0.49	0.34	0.36	0.43	0.33	0.41	0.45
10 - 17 yrs	0.22	0.21	0.20	0.25	0.20	0.23	0.27
18 - 34 yrs	0.32	0.24	0.24	0.27	0.24	0.29	0.32
35 - 49 yrs	0.37	0.29	0.27	0.30	0.26	0.31	0.36
50 - 64 yrs	0.41	0.32	0.31	0.34	0.31	0.35	0.40
65 - 74 yrs	0.46	0.45	0.38	0.41	0.38	0.51	0.49

Average Number of Prescriptions Per Member Per Year for Antibiotics of Concern By Age, 2006 - 2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
75 - 84 yrs	0.71	0.25	0.64	0.47	0.77	1.09	0.88
85+ yrs	0.50	0.00	0.24	0.00	2.26	0.22	1.00
Total	0.37	0.34	0.28	0.31	0.27	0.32	0.37

Percentage of All Antibiotic Prescriptions That Are Antibiotics of Concern By Age, 2006 – 2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
2006							
0 - 9 yrs	39%	38%	NR	45%	NR	43%	NR
10 - 17 yrs	32%	32%	NR	34%	NR	31%	NR
18 - 34 yrs	38%	37%	NR	37%	NR	40%	NR
35 - 49 yrs	42%	42%	NR	45%	NR	42%	NR
50 - 64 yrs	43%	44%	NR	47%	NR	45%	NR
65 - 74 yrs	46%	41%	NR	47%	NR	53%	NR
75 - 84 yrs	37%	18%	NR	38%	NR	40%	NR
85+ yrs	20%	NA	NR	0%	NR	NA	NR
Total	40%	40%	NR	43%	NR	42%	NR
2007							
0 - 9 yrs	41%	45%	43%	44%	NR	43%	NR
10 - 17 yrs	33%	32%	37%	35%	NR	33%	NR
18 - 34 yrs	41%	41%	41%	39%	NR	40%	NR
35 - 49 yrs	45%	48%	47%	45%	NR	46%	NR
50 - 64 yrs	44%	47%	46%	45%	NR	43%	NR
65 - 74 yrs	48%	42%	47%	51%	NR	44%	NR
75 - 84 yrs	62%	32%	47%	41%	NR	58%	NR
85+ yrs	7%	0%	44%	33%	NR	0%	NR
Total	42%	44%	44%	43%	NR	42%	NR
2008							
0 - 9 yrs	46%	42%	41%	47%	NR	46%	NR
10 - 17 yrs	32%	34%	36%	36%	NR	32%	NR
18 - 34 yrs	41%	44%	42%	40%	NR	41%	NR
35 - 49 yrs	47%	48%	48%	48%	NR	46%	NR
50 - 64 yrs	47%	46%	47%	47%	NR	45%	NR
65 - 74 yrs	47%	43%	46%	45%	NR	49%	NR
75 - 84 yrs	52%	18%	47%	48%	NR	66%	NR
85+ yrs	25%	NA	37%	57%	NR	0%	NR
Total	44%	44%	44%	45%	NR	44%	NR
2009							
0 - 9 yrs	45%	42%	42%	47%	41%	43%	44%
10 - 17 yrs	31%	37%	37%	42%	37%	35%	38%
18 - 34 yrs	41%	40%	42%	42%	42%	42%	41%
35 - 49 yrs	50%	49%	48%	48%	46%	46%	49%
50 - 64 yrs	46%	47%	46%	48%	46%	45%	47%
65 - 74 yrs	42%	55%	47%	49%	46%	51%	48%

Percentage of All Antibiotic Prescriptions That Are Antibiotics of Concern By Age, 2006 – 2009							
	BCBS	CIGNA	CIGNA PPO	MVP	MVP PPO	TVHP	BCBS PPO
75 - 84 yrs	43%	40%	41%	36%	67%	66%	61%
85+ yrs	50%	NA	19%	0%	67%	50%	44%
Total	44%	45%	44%	46%	44%	44%	45%

Frequency of Selected Procedures/1000 Members by Age and Gender – MCO w/o PPO																				
			BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
	Age (yrs)	Sex	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Myringotomy	0 - 4	m+f	23.4	45.8	41.4	73.2	50.7	55.9	51.3	37.0	78.2	25.8	19.8	40.5	50.0	52.3	54.3	37.3	37.7	43.8
Myringotomy	5 - 19	m+f	3.0	4.4	5.9	6.8	4.9	5.8	2.5	2.9	2.3	2.0	4.1	2.6	3.8	3.8	3.8	3.8	3.5	3.9
Tonsillectomy	0 - 9	m+f	4.7	5.3	5.4	9.9	10.8	6.6	4.8	3.6	5.1	5.1	2.3	5.9	9.9	9.8	9.6	8.2	7.4	8.0
Tonsillectomy	10 - 19	m+f	3.5	3.8	2.4	4.3	3.1	3.3	3.9	3.7	2.1	5.3	2.7	1.6	4.1	4.2	4.1	3.8	3.3	3.5
Non-OB D&C	15 - 44	f	1.2	2.0	1.4	1.4	2.8	2.9	0.6	0.6	0.3	0.6	1.9	2.0	2.4	2.2	2.1	2.0	1.9	1.9
Non-OB D&C	45 - 64	f	1.6	3.6	3.6	2.4	4.0	4.6	1.9	2.1	0.9	1.5	2.9	1.4	2.9	2.8	2.6	2.8	2.8	2.9
Hysterectomy, Abdominal	15 - 44	f	1.9	2.5	2.1	3.2	3.2	4.3	3.4	1.7	3.0	1.6	1.6	3.2	4.0	3.6	3.7	2.5	2.7	2.9
Hysterectomy, Abdominal	45 - 64	f	2.6	4.0	4.9	6.0	6.3	5.4	3.8	5.5	10.8	3.4	3.4	6.1	5.9	5.5	5.6	4.7	4.8	4.8
Hysterectomy, Abdominal	65+	f	0.0	3.2	5.9	0.0	0.0	0.0	5.5	0.0	7.8	7.9	0.0	0.0	2.7	2.2	2.3	1.8	3.0	2.3
Hysterectomy, Vaginal	15 - 44	f	2.4	0.7	1.2	3.2	3.4	1.2	2.5	1.7	1.5	1.0	1.1	1.0	2.7	2.4	2.4	1.4	1.4	1.4
Hysterectomy, Vaginal	45 - 65	f	3.3	2.1	3.0	4.7	2.4	2.5	3.8	3.2	4.2	3.0	1.2	2.0	3.5	3.0	3.1	2.3	2.0	2.2
Hysterectomy, Vaginal	65+	f	0.0	3.2	3.0	0.0	0.0	7.9	0.0	0.0	7.8	0.0	0.0	5.9	2.5	2.0	2.0	1.7	1.8	1.8
Cholecystectomy, Open	15 - 44	f	0.2	0.1	0.0	0.0	0.5	0.2	0.4	0.2	0.0	0.0	0.2	0.2	0.2	0.1	0.1	0.2	0.1	0.1
Cholecystectomy, Open	30 - 64	m	0.5	0.3	0.2	0.7	0.4	0.6	0.2	0.2	0.2	0.1	0.5	0.2	0.3	0.2	0.2	0.2	0.2	0.2
Cholecystectomy, Open	45 - 64	f	0.6	0.3	0.2	1.1	0.4	0.6	0.2	0.5	0.3	0.6	0.2	0.3	0.5	0.3	0.3	0.3	0.3	0.2
Cholecystectomy, Open	65+	m	1.8	1.5	0.0	4.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	0.0	1.1	0.8	0.8	0.9	1.5	0.8
Cholecystectomy, Open	65+	f	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.6	0.8	0.2	0.4	0.4
Cholecystectomy, Laparoscopic	15 - 44	f	3.7	1.9	3.1	8.0	3.1	3.9	3.8	1.9	7.8	3.7	1.2	5.1	6.2	5.9	6.2	3.9	4.5	4.6
Cholecystectomy, Laparoscopic	30 - 64	m	1.5	3.2	1.7	3.9	6.0	2.1	1.9	7.1	2.1	1.0	3.9	1.4	3.0	2.6	2.8	1.7	2.1	2.2
Cholecystectomy, Laparoscopic	45 - 64	f	3.3	4.1	4.6	7.5	5.7	4.0	6.9	5.3	4.8	3.4	4.1	3.1	7.1	6.2	6.2	4.5	4.4	4.6
Cholecystectomy, Laparoscopic	65+	m	1.8	1.5	5.9	4.0	8.1	0.0	4.8	4.5	11.7	0.0	5.3	0.0	4.9	4.5	4.3	3.4	4.3	2.8
Cholecystectomy, Laparoscopic	65+	f	3.7	6.4	3.0	22.2	15.0	7.9	5.5	5.4	0.0	23.8	0.0	0.0	6.5	5.6	5.6	5.3	5.0	5.1
Back Surgery	20 - 44	m	2.0	1.4	3.0	3.8	3.9	3.4	0.9	1.6	2.8	3.4	2.8	2.5	3.0	2.6	2.3	2.6	2.6	2.2
Back Surgery	20 - 44	f	0.8	1.7	1.6	3.7	2.0	3.6	3.0	1.0	3.2	2.7	1.7	2.7	3.4	2.2	2.1	2.0	2.1	2.0
Back Surgery	45 - 64	m	4.4	6.1	2.2	8.4	5.0	2.6	3.1	2.9	7.5	4.0	3.8	3.7	6.2	4.9	5.2	4.0	4.2	4.3
Back Surgery	45 - 64	f	2.7	3.0	3.2	2.8	4.5	4.0	2.4	4.1	4.8	4.0	3.6	3.4	6.2	4.5	4.6	3.6	3.6	4.0
Back Surgery	65+	m	5.2	1.5	4.4	20.2	0.0	16.2	4.8	0.0	0.0	0.0	5.3	13.7	8.3	6.5	7.4	4.8	6.2	7.6
Back Surgery	65+	f	3.7	9.7	0.0	7.4	15.0	0.0	16.5	37.7	7.8	0.0	0.0	0.0	8.2	6.3	6.2	4.5	5.9	6.5
Angioplasty (PTCA)	45 - 64	m	5.0	7.3	6.0	8.4	7.1	6.0	7.5	6.1	6.8	5.6	7.7	6.2	8.3	7.3	6.8	5.7	6.0	6.0
Angioplasty (PTCA)	45 - 64	f	1.0	0.8	0.7	2.2	3.0	1.2	1.2	1.2	2.7	0.8	1.2	1.4	3.8	2.2	2.0	1.6	1.3	1.2

Frequency of Selected Procedures/1000 Members by Age and Gender – MCO w/o PPO																				
			BCBS			CIGNA			MVP			TVHP			MCO (w/o PPO) National Average			MCO (w/o PPO) Regional Average		
	Age (yrs)	Sex	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009	2007	2008	2009
Angioplasty (PTCA)	65+	m	7.0	10.8	10.3	12.1	12.2	24.3	14.5	27.1	0.0	12.8	10.6	22.8	17.4	15.9	15.2	11.9	12.3	13.0
Angioplasty (PTCA)	65+	f	0.0	0.0	3.0	0.0	7.5	0.0	5.5	16.2	7.8	7.9	7.1	0.0	8.6	6.5	6.0	5.4	4.5	5.0
Cardiac Catheterization	45 - 64	m	6.2	5.2	5.9	10.0	11.3	5.6	10.9	9.4	5.3	7.0	6.5	5.0	14.2	11.2	10.7	7.8	7.8	7.9
Cardiac Catheterization	45 - 64	f	2.1	4.0	2.2	4.1	2.6	3.6	4.5	3.2	3.6	2.4	3.4	2.8	11.2	7.2	6.9	4.3	4.1	4.0
Cardiac Catheterization	65+	m	15.7	12.4	10.3	24.2	12.2	12.1	28.9	18.1	5.8	38.3	10.6	13.7	30.0	24.5	23.0	20.1	17.7	19.7
Cardiac Catheterization	65+	f	0.0	0.0	5.9	22.2	0.0	0.0	16.5	10.8	7.8	7.9	0.0	11.7	20.5	14.9	15.6	10.5	9.6	10.2
Prostatectomy	45 - 64	m	2.6	5.2	2.7	2.6	4.2	3.0	4.4	3.5	1.8	3.6	3.2	2.4	3.3	2.8	2.9	2.9	3.3	2.9
Prostatectomy	65+	m	12.2	6.2	20.6	20.2	4.1	12.1	0.0	0.0	11.7	12.8	10.6	4.6	10.2	9.4	9.4	10.1	10.2	10.6
Lumpectomy	15 - 44	f	1.8	3.2	2.4	4.7	4.4	2.7	3.8	2.7	3.9	2.6	3.5	2.2	3.1	2.8	2.6	3.3	3.0	2.7
Lumpectomy	45-64	f	5.9	5.6	6.6	11.1	9.9	5.6	6.9	8.7	8.4	7.5	6.3	5.0	6.8	6.6	6.4	8.2	7.3	6.9
Lumpectomy	65+	f	3.7	0.0	8.9	7.4	7.5	31.7	16.5	0.0	0.0	7.9	7.1	11.7	7.3	6.9	7.0	9.5	7.6	8.5
Mastectomy	15 - 44	f	0.5	0.5	0.7	0.8	0.4	0.8	0.0	0.6	0.0	0.0	0.6	0.2	0.4	0.5	0.6	0.5	0.5	0.6
Mastectomy	45-64	f	2.0	0.6	1.5	1.9	3.0	1.5	0.7	1.8	5.1	1.9	1.2	1.3	1.7	1.9	2.2	1.6	1.7	1.8
Mastectomy	65+	f	0.0	0.0	0.0	7.4	7.5	0.0	5.5	0.0	0.0	0.0	0.0	5.9	1.9	2.3	2.2	1.8	1.6	2.3

Frequency of Selected Procedures/1000 Members by Age and Gender - PPO													
			CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
	Age (yrs)	Sex	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
Myringotomy	0 - 4	m+f	40.8	50.6	48.6	24.8	48.6	53.6	56.0	55.0	36.1	36.0	42.0
Myringotomy	5 - 19	m+f	6.0	2.3	5.7	1.3	2.8	4.1	4.1	4.0	3.7	3.3	4.3
Tonsillectomy	0 - 9	m+f	3.8	3.4	5.4	5.1	3.0	9.9	10.0	9.6	7.0	6.6	6.8
Tonsillectomy	10 - 19	m+f	2.0	2.4	2.9	2.2	4.3	4.3	4.4	4.3	3.2	3.0	3.4
Non-OB D&C	15 - 44	f	1.0	1.0	1.4	0.7	1.6	2.3	2.1	2.0	2.1	2.5	1.9
Non-OB D&C	45 - 64	f	0.9	2.0	1.7	0.5	1.2	2.8	2.7	2.4	3.5	3.5	2.7
Hysterectomy, Abdominal	15 - 44	f	2.2	2.4	3.2	3.0	2.4	3.9	3.5	3.6	2.2	2.2	2.5
Hysterectomy, Abdominal	45 - 64	f	3.7	3.4	3.8	7.3	3.2	5.9	5.1	5.2	4.2	4.4	4.5
Hysterectomy, Abdominal	65+	f	2.0	2.0	1.6	18.5	0.0	3.4	1.8	2.0	1.5	2.2	2.2
Hysterectomy, Vaginal	15 - 44	f	1.7	1.2	1.2	2.2	2.6	2.9	2.5	2.5	1.2	1.1	1.1
Hysterectomy, Vaginal	45 - 65	f	2.6	1.9	2.4	1.6	2.2	3.4	3.0	3.0	2.0	1.7	2.1
Hysterectomy, Vaginal	65+	f	2.0	2.0	0.0	0.0	6.7	2.3	1.5	1.5	2.2	1.7	1.3
Cholecystectomy, Open	15 - 44	f	0.3	0.4	0.1	0.0	0.0	0.3	0.1	0.1	0.2	0.1	0.1
Cholecystectomy, Open	30 - 64	m	0.3	0.4	0.3	0.2	0.1	0.4	0.2	0.2	0.3	0.2	0.2
Cholecystectomy, Open	45 - 64	f	0.2	0.2	0.3	0.3	0.2	0.5	0.3	0.3	0.4	0.3	0.3
Cholecystectomy, Open	65+	m	0.0	0.5	1.0	5.5	0.0	1.3	0.9	1.0	1.3	0.8	0.9
Cholecystectomy, Open	65+	f	1.0	1.0	0.5	0.0	0.0	0.9	0.7	0.6	0.4	0.5	1.2
Cholecystectomy, Laparoscopic	15 - 44	f	2.5	1.7	3.7	5.2	3.3	6.3	5.9	6.2	3.6	3.4	4.1
Cholecystectomy, Laparoscopic	30 - 64	m	1.2	3.6	1.1	1.7	1.8	3.2	2.7	2.8	1.6	1.7	1.9
Cholecystectomy, Laparoscopic	45 - 64	f	4.2	4.3	4.9	4.0	4.5	7.3	6.4	6.3	4.2	3.9	4.3
Cholecystectomy, Laparoscopic	65+	m	2.1	2.0	1.0	0.0	0.0	6.6	4.4	4.4	3.5	2.6	2.4
Cholecystectomy, Laparoscopic	65+	f	6.1	3.0	3.1	0.0	6.7	7.3	5.3	5.5	3.4	3.8	5.1
Back Surgery	20 - 44	m	2.3	2.7	2.8	2.1	3.5	3.2	2.5	2.6	1.8	2.0	2.1
Back Surgery	20 - 44	f	1.8	1.6	2.4	2.9	2.3	3.8	2.3	2.3	1.7	1.7	1.9
Back Surgery	45 - 64	m	3.8	3.3	4.6	6.4	5.5	6.7	5.3	5.5	3.6	3.7	4.4
Back Surgery	45 - 64	f	2.6	2.9	4.0	3.0	5.0	7.3	5.1	5.1	3.4	3.2	3.4
Back Surgery	65+	m	4.3	3.6	7.4	0.0	9.0	10.5	7.2	7.9	6.2	5.5	7.0
Back Surgery	65+	f	6.1	3.0	5.2	18.5	0.0	10.9	6.6	6.4	5.0	4.6	4.3

Frequency of Selected Procedures/1000 Members by Age and Gender - PPO													
			CIGNA PPO			MVP PPO	BCBS PPO	PPO National Average			PPO Regional Average		
	Age (yrs)	Sex	2007	2008	2009	2009	2009	2007	2008	2009	2007	2008	2009
Angioplasty (PTCA)	45 - 64	m	5.3	5.6	6.4	7.5	7.8	8.6	7.1	6.8	5.1	5.6	5.4
Angioplasty (PTCA)	45 - 64	f	1.4	1.6	1.6	1.6	2.1	4.5	2.1	2.0	1.3	1.3	1.3
Angioplasty (PTCA)	65+	m	17.1	15.7	13.7	5.5	12.0	18.2	15.2	14.2	11.2	4.0	10.4
Angioplasty (PTCA)	65+	f	7.6	8.6	4.7	0.0	3.4	10.2	6.2	5.9	5.2	13.0	2.6
Cardiac Catheterization	45 - 64	m	6.6	6.3	6.2	9.1	6.6	14.7	10.9	10.2	7.0	7.4	6.7
Cardiac Catheterization	45 - 64	f	4.3	3.9	3.7	4.0	2.8	12.8	7.1	6.7	3.9	7.2	3.5
Cardiac Catheterization	65+	m	19.3	19.8	19.0	11.0	6.0	32.9	24.4	22.6	19.8	19.3	18.6
Cardiac Catheterization	65+	f	9.1	12.1	8.9	0.0	3.4	24.2	14.8	14.3	8.6	9.0	8.8
Prostatectomy	45 - 64	m	2.5	2.6	3.4	4.1	2.6	3.4	2.9	2.9	2.7	2.6	2.9
Prostatectomy	65+	m	7.0	9.6	11.1	5.5	0.0	11.6	9.3	9.4	7.8	8.3	9.8
Lumpectomy	15 - 44	f	2.5	1.9	2.3	3.2	1.7	2.9	2.6	2.6	3.0	2.7	2.6
Lumpectomy	45-64	f	8.0	6.5	6.1	3.2	6.8	6.7	6.3	6.2	7.8	7.3	7.0
Lumpectomy	65+	f	9.1	8.1	7.8	9.2	3.4	7.7	7.0	6.7	8.1	7.2	7.8
Mastectomy	15 - 44	f	0.4	0.5	0.4	0.0	0.3	0.4	0.5	0.6	0.5	0.5	0.5
Mastectomy	45-64	f	1.7	1.3	1.2	2.2	1.2	1.6	2.0	2.1	1.5	1.7	1.8
Mastectomy	65+	f	2.5	0.0	1.6	0.0	0.0	2.2	2.4	2.4	2.1	1.0	2.1

Enrollment Trends, 2001 – 2009										
	BCBS	CIGNA	MVP	TVHP	MCP w/o PPO Total	CIGNA PPO	MVP PPO	BCBS PPO	PPO Total	All MCO Total
2001										
Commercial	33,367	25,738	48,470	26,184	133,759	NR	NR	NR	NR	133,759
Market Share	25%	19%	36%	20%	100%	NA	NA	NA	NA	100%
2002										
Commercial	35,786	26,904	33,763	28,123	124,576	NR	NR	NR	NR	124,576
Market Share	29%	22%	27%	22%	100%	NA	NA	NA	NA	100%
Growth 2001-2002	7%	5%	-30%	7%	-7%	NA	NA	NA	NA	-7%
2003										
Commercial	39,139	25,646	31,577	26,802	123,164	NR	NR	NR	NR	123,164
Market Share	32%	21%	25%	22%	100%	NA	NA	NA	NA	100%
Growth 2001-2003	17%	0%	-35%	2%	-8%	NA	NA	NA	NA	-8%
2004										
Commercial	42,102	25,251	31,722	22,603	121,678	NR	NR	NR	NR	121,678
Market Share	35%	21%	26%	18%	100%	NA	NA	NA	NA	100%
Growth 2001-2004	26%	-2%	-35%	-14%	-9%	NA	NA	NA	NA	-9%
2005										
Commercial	44,086	26,141	28,586	21,940	120,753	NR	NR	NR	NR	120,753
Market Share	37%	22%	24%	18%	100%	NA	NA	NA	NA	100%
Growth 2001-2005	32%	2%	-41%	-16%	-10%	NA	NA	NA	NA	-10%
2006										
Commercial	44,797	28,718	23,329	22,749	119,593	NR	NR	NR	NR	119,593
Market Share	37%	24%	20%	19%	100%	NA	NA	NA	NA	100%
Growth 2001-2006	34%	12%	-52%	-13%	-11%	NA	NA	NA	NA	-11%
2007										
Commercial	43,923	28,735	20,701	26,726	120,085	59,995	NR	NR	59,995	180,080
Market Share	24%	16%	11%	15%	67%	33%	NA	NA	33%	100%
Growth 2001-2007	32%	12%	-57%	2%	-10%	NA	NA	NA	NA	35%

Enrollment Trends, 2001 – 2009										
	BCBS	CIGNA	MVP	TVHP	MCP w/o PPO Total	CIGNA PPO	MVP PPO	BCBS PPO	PPO Total	All MCO Total
2008										
Commercial	43,455	26,164	20,385	28,409	118,413	67,491	NR	NR	67,491	187,576
Market Share	23%	14%	11%	15%	63%	36%	NA	NA	36%	100%
Growth 2001-2008	30%	2%	-58%	8%	-11%	12% ⁶²	NA	NA	12% ⁶³	40% ⁶⁴
2009										
Commercial	42,648	23,536	14,701	29,772	110,657	61,432	18,089	27,145	106,666	217,323
Market Share	20%	11%	7%	14%	51%	28%	8%	12%	49%	100%
Growth 2001-2009	28%	-9%	-70%	14%	-17%	2% ⁶⁵	NA	NA	78%	62% ⁶⁶

⁶² PPO growth is calculated from 2007.

⁶³ PPO growth is calculated from 2007.

⁶⁴ The increase in members is due to the inclusion of PPO data.

⁶⁵ PPO growth is calculated from 2007.

⁶⁶ The increase in members is due to the inclusion of PPO data.

Enrollment Distribution by Age ⁶⁷					
	2005	2006	2007	2008	2009
BCBS					
0-19 Age (yrs.)	27%	27%	27%	26%	26%
22-24	32%	32%	32%	31%	31%
45-64	39%	40%	39%	40%	41%
65+	2%	2%	2%	2%	2%
CIGNA					
0-19 Age (yrs.)	28%	28%	27%	27%	26%
22-24	36%	35%	34%	33%	32%
45-64	35%	36%	37%	38%	40%
65+	1%	1%	1%	1%	2%
CIGNA PPO					
0-19 Age (yrs.)	NR	NR	23%	23%	22%
22-24	NR	NR	32%	32%	31%
45-64	NR	NR	38%	39%	41%
65+	NR	NR	6%	6%	6%
MVP					
0-19 Age (yrs.)	24%	24%	24%	23%	22%
22-24	37%	36%	35%	35%	34%
45-64	37%	39%	39%	40%	42%
65+	2%	2%	2%	2%	2%
MVP PPO					
0-19 Age (yrs.)	NR	NR	NR	NR	20%
22-24	NR	NR	NR	NR	37%
45-64	NR	NR	NR	NR	41%
65+	NR	NR	NR	NR	2%
TVHP					
0-19 Age (yrs.)	24%	24%	23%	22%	22%
22-24	38%	37%	37%	36%	35%
45-64	36%	38%	38%	40%	41%
65+	1%	1%	1%	1%	1%
BCBS PPO					
0-19 Age (yrs.)	NR	NR	NR	NR	17%
22-24	NR	NR	NR	NR	35%
45-64	NR	NR	NR	NR	46%
65+	NR	NR	NR	NR	3%

⁶⁷ Totals may not add to 100% due to rounding.

Enrollment Distribution by Age and Gender														
	BCBS		CIGNA		CIGNA PPO		MVP		MVP PPO		TVHP		BCBS PPO	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
2005														
0 - 19 yrs	50%	50%	48%	52%	NR	NR	49%	51%	NR	NR	49%	51%	NR	NR
20 -44 yrs	57%	43%	53%	47%	NR	NR	54%	46%	NR	NR	53%	47%	NR	NR
45 -64 yrs	53%	47%	50%	50%	NR	NR	53%	47%	NR	NR	52%	48%	NR	NR
65+ yrs	33%	67%	33%	67%	NR	NR	43%	57%	NR	NR	40%	60%	NR	NR
Total	53%	47%	50%	50%	NR	NR	52%	48%	NR	NR	51%	49%	NR	NR
2006														
0 -19 yrs	46%	54%	48%	52%	NR	NR	47%	53%	NR	NR	47%	53%	NR	NR
20 -44 yrs	54%	46%	53%	47%	NR	NR	53%	47%	NR	NR	51%	49%	NR	NR
45 -64 yrs	51%	49%	49%	51%	NR	NR	51%	49%	NR	NR	51%	49%	NR	NR
65+ yrs	33%	67%	33%	67%	NR	NR	33%	67%	NR	NR	33%	67%	NR	NR
Total	53%	47%	50%	50%	NR	NR	52%	48%	NR	NR	52%	48%	NR	NR
2007														
0 -19 yrs	49%	51%	48%	52%	49%	51%	49%	51%	NR	NR	49%	51%	NR	NR
20 -44 yrs	57%	43%	52%	48%	48%	52%	55%	45%	NR	NR	52%	48%	NR	NR
45 -64 yrs	54%	46%	50%	50%	49%	51%	52%	48%	NR	NR	52%	48%	NR	NR
65+ yrs	32%	68%	35%	65%	51%	49%	47%	53%	NR	NR	44%	56%	NR	NR
Total	53%	47%	50%	50%	49%	51%	52%	48%	NR	NR	51%	49%	NR	NR
2008														
0 -19 yrs	49%	51%	49%	51%	49%	51%	49%	51%	NR	NR	50%	50%	NR	NR
20 -44 yrs	57%	43%	53%	47%	48%	52%	57%	43%	NR	NR	52%	48%	NR	NR
45 -64 yrs	55%	45%	51%	49%	48%	52%	54%	46%	NR	NR	51%	49%	NR	NR
65+ yrs	32%	68%	35%	65%	50%	50%	46%	54%	NR	NR	43%	57%	NR	NR
Total	53%	47%	51%	49%	48%	52%	54%	46%	NR	NR	51%	49%	NR	NR
2009														
0 -19 yrs	50%	50%	49%	51%	49%	51%	50%	50%	47%	53%	50%	50%	50%	50%
20 -44 yrs	57%	43%	52%	48%	48%	52%	57%	43%	50%	50%	53%	47%	52%	48%
45 -64 yrs	55%	45%	51%	49%	49%	51%	54%	46%	51%	49%	52%	48%	53%	47%
65+ yrs	33%	67%	34%	66%	50%	50%	43%	57%	37%	63%	44%	56%	47%	53%
Total	54%	46%	51%	49%	49%	51%	54%	46%	50%	50%	52%	48%	52%	48%

CAHPS® Response Rates							
		Percent Completed			Percent Incomplete		Percent Ineligible
	Response Rate	By Mail	By Telephone	By Internet	Non-deliverable	No Response	
2006							
BCBS	46%	87%	13%	0%	1%	53%	1%
CIGNA	33%	100%	0%	0%	2%	63%	3%
MVP	52%	64%	32%	5%	2%	39%	15%
TVHP	35%	89%	11%	0%	1%	63%	2%
2007							
BCBS	44%	77%	23%	0%	1%	55%	1%
CIGNA	34%	100%	0%	0%	0%	63%	3%
MVP	51%	56%	40%	4%	2%	46%	2%
TVHP	34%	79%	21%	0%	0%	65%	1%
2008							
BCBS	49%	41%	8%	0%	1%	50%	0%
CIGNA	32%	30%	0%	0%	2%	63%	4%
CIGNA PPO	36%	35%	0%	0%	2%	61%	3%
MVP	42%	28%	11%	2%	3%	53%	3%
TVHP	37%	32%	4%	0%	2%	59%	2%
2009							
BCBS	48%	40%	7%	0%	1%	50%	2%
CIGNA	31%	31%	0%	0%	1%	65%	3%
CIGNA PPO	35%	32%	0%	0%	2%	57%	9%
MVP	45%	30%	12%	3%	5%	49%	2%
TVHP	38%	32%	4%	0%	2%	58%	4%
2010							
BCBS	52%	46%	6%	0%	1%	47%	0%
CIGNA	20%	19%	0%	0%	2%	76%	3%
CIGNA PPO	36%	34%	0%	0%	2%	60%	5%
MVP	40%	27%	11%	2%	5%	54%	2%
MVP PPO	43%	28%	12%	2%	3%	52%	2%
TVHP	38%	34%	4%	0%	1%	60%	1%
BCBS PPO	48%	41%	6%	0%	1%	50%	2%

Characteristics of CAHPS® Respondents						
	Are you male or female?	What is your age now?			What is the highest level of education you have completed?	
	Female	18 – 24 yrs	25 – 64 yrs	65+ yrs	High school diploma or less?	4-year college degree or more?
2006						
BCBS	64%	4%	92%	4%	20%	56%
CIGNA	60%	4%	93%	2%	31%	39%
MVP	59%	4%	92%	4%	34%	38%
TVHP	60%	4%	93%	3%	32%	34%
2007						
BCBS	68%	6%	90%	5%	17%	60%
CIGNA	61%	4%	93%	3%	28%	40%
MVP	59%	5%	91%	4%	31%	38%
TVHP	63%	3%	93%	5%	32%	38%
2008						
BCBS	64%	3%	91%	6%	18%	59%
CIGNA	58%	3%	94%	3%	27%	42%
CIGNA PPO	59%	4%	77%	19%	32%	35%
MVP	62%	2%	91%	6%	29%	42%
TVHP	60%	4%	93%	3%	29%	43%
2009						
BCBS	63%	4%	93%	4%	21%	59%
CIGNA	63%	4%	93%	3%	27%	44%
CIGNA PPO	58%	5%	82%	13%	31%	39%
MVP	60%	5%	90%	5%	29%	38%
TVHP	62%	3%	95%	3%	27%	46%
2010						
BCBS	66%	4%	89%	7%	16%	65%
CIGNA	53%	3%	92%	6%	22%	49%
CIGNA PPO	51%	5%	78%	17%	32%	37%
MVP	61%	2%	91%	7%	31%	40%
MVP PPO	56%	5%	92%	3%	37%	30%
TVHP	57%	2%	92%	5%	31%	42%
BCBS PPO	61%	6%	87%	7%	32%	38%

CAHPS® Respondents Rating of Overall Health		
	In general how would you rate your overall health?	
	Excellent/Very Good	Fair/Poor
2006		
BCBS	71%	6%
CIGNA	59%	8%
MVP	66%	5%
TVHP	65%	7%
2007		
BCBS	67%	5%
CIGNA	58%	6%
MVP	66%	6%
TVHP	61%	7%
2008		
BCBS	72%	4%
CIGNA	61%	7%
CIGNA PPO	55%	10%
MVP	66%	7%
TVHP	69%	6%
2009		
BCBS	72%	5%
CIGNA	64%	6%
CIGNA PPO	65%	9%
MVP	64%	6%
TVHP	70%	4%
2010		
BCBS	72%	4%
CIGNA	67%	6%
CIGNA PPO	60%	9%
MVP	64%	7%
MVP PPO	64%	6%
TVHP	62%	7%
BCBS PPO	60%	8%

CAHPS® Overall Ratings of Key Aspects of Health Care Experience															
These rates represent the percent of members responding with an 8, 9, or 10 to the question “Using any number from 0 to 10, where 0 is the worst and 10 is the best, what number would you use to rate your (health care, personal doctor or specialist)?”															
	Rating of All Health Care					Rating of Personal Doctor					Rating of Specialist Seen Most Often				
	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010	2006	2007	2008	2009	2010
BCBS	84%	80%	82%	80%	77%	76%	78%	83%	83%	81%	78%	82%	84%	85%	82%
CIGNA	84%	76%	77%	76%	78%	78%	82%	83%	78%	81%	82%	83%	80%	78%	82%
MVP	81%	79%	76%	75%	78%	74%	84%	77%	82%	78%	77%	81%	79%	86%	82%
TVHP	79%	77%	75%	77%	75%	77%	80%	80%	80%	82%	77%	86%	79%	80%	82%
MCO (w/o PPO) National Average	78%	74%	74%	75%	75%	77%	81%	81%	82%	82%	78%	80%	80%	81%	81%
MCO (w/o PPO) Regional Average	81%	77%	77%	78%	78%	77%	83%	82%	83%	84%	80%	83%	83%	84%	83%
CIGNA PPO	NR	NR	76%	79%	74%	NR	NR	81%	81%	81%	NR	NR	81%	79%	83%
MVP PPO	NR	NR	NR	NR	75%	NR	NR	NR	NR	82%	NR	NR	NR	NR	79%
BCBS PPO	NR	NR	NR	NR	76%	NR	NR	NR	NR	82%	NR	NR	NR	NR	79%
PPO National Average	NR	NR	76%	75%	75%	NR	NR	82%	82%	82%	NR	NR	80%	81%	81%
PPO Regional Average	NR	NR	76%	76%	74%	NR	NR	82%	82%	81%	NR	NR	81%	82%	81%

Mean, Median, and Maximum Days to Make UR Decisions																
	BCBS		CBH		CIGNA		MBH		MVP		MVP PPO		TVHP		BCBS PPO	
Pre/Post Service Non-Expedited Reviews	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Average # of Days	6	20	2	15	2.3	0.4	0.08	17	8	4	12	2	3	17	6	23
Median # of Days	2	19	0	9	0	0	0.04	16	2	2	2	2	2	10	2	30
Maximum # of Days	39	49	10	30	84	4	1.04	29	92	65	60	103	14	51	57	52
Minimum # of Days	1	1	0	2	0	0	0.04	7	0	0	0	0	1	1	1	1

Physical Health Grievances/1000 Member Months Concurrent, Urgent, Pre-Service Non-Urgent and Post-Service Review July 1, 2009 – June 30, 2010								
	Concurrent Review		Urgent Review		Pre-service Non-urgent Review		Post-Service Review	
	Number	Per 1000 Member Months	Number	Per 1000 Member Months	Number	Per 1000 Member Months	Number	Per 1000 Member Months
BCBS	0	0.000	13	0.310	35	0.834	205	4.886
CIGNA	0	0.000	0	0.000	11	0.641	36	2.097
CIGNA PPO	0	0.000	2	0.056	19	0.535	147	4.136
MVP	0	0.000	2	0.195	10	0.974	13	1.267
MVP PPO	0	0.000	2	0.080	22	0.885	19	0.765
TVHP	0	0.000	7	0.225	58	1.866	196	6.307
BCBS PPO	0	0.000	0	0.000	16	0.461	80	2.307

Mental Health and Substance Abuse Grievances/1000 Member Months Concurrent, Urgent, Pre-Service Non-urgent and Post-Service Review, July 1, 2009 – June 30, 2010								
	Concurrent Review		Urgent Review		Pre-service Non-urgent Review		Post-Service Review	
	Number	Per 1000 Member Months	Number	Per 1000 Member Months	Number	Per 1000 Member Months	Number	Per 1000 Member Months
BCBS	1	0.026	0	0.000	0	0.000	2	0.052
CBH	20	0.397	3	0.060	0	0.000	16	0.318
MBH	11	0.084	3	0.023	0	0.000	11	0.084
MVP	0	0.000	0	0.000	0	0.000	0	0.000
MVP PPO	0	0.000	0	0.000	0	0.000	0	0.000
PrimariLink	0	0.000	0	0.000	0	0.000	0	0.000
TVHP	0	0.000	1	0.032	0	0.000	2	0.064
BCBS PPO	3	0.087	0	0.000	0	0.000	2	0.058